

A Study of Attitude Towards Ageing, Stress, Adjustment and Coping Strategies of Older People

A

Thesis

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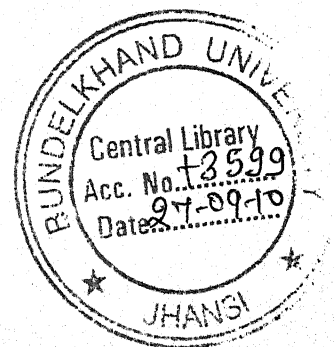
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By

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DECLARATION

I hereby declare that the thesis entitled "*A study of attitude towards ageing, stress, adjustment and coping strategies of older people*" being submitted to Bundelkhand University, Jhansi for the Degree of Doctor of Philosophy in Psychology is an original piece of research work done by me and the best of my knowledge and belief the thesis or any part of the thesis has not been published in any other University or Examining body in India or abroad earlier.


Date : 05/09/08

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CERTIFICATE

Certified that the thesis entitled "*A study of attitude towards ageing, stress, adjustment and coping strategies of older people.*" by Dheeraj Gupta embodies the work carried out by him under my supervision and that this work has not been submitted elsewhere for a degree. Dheeraj Gupta had put in more than 200 days of attendance during this work.

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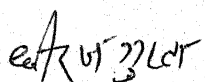
I shall be falling in my duty, if I don't express my deep sense of gratitudes to *Dr. Taresh Bhata*, Reader-Dept. of Psychology, D.V. (P.G.) College, Orai for encouraging and helping me throughout the study. I also thankful to *Dr. A.K. Srivastava* Dept. of Psychology, D.V. College, Orai, for their cooperation in my present research work.

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Chapter-1

Introduction

Conception of ageing and position of the aged forms an integral part of the institutional and ideological culture of a society. In the traditional Indian value system the authority of the elders and sanctity of tradition were both supported in opposition to rationality and the right of individual conscience. The scriptures, the Epics, the Vedas-in sum, all the religious and literature eulogise parents as Gods. Thus, respect reverence for parental authority were embeded in the young that they could not think of differing from or protesting against them. The Hindu value system helps the continuance of the joint family by minimising conflicts in matters of religious practice; Brahmanic Hinduism emphasis ritual correctness.

Thus in traditional Indian society all the important attributes like social status, occupation and content of interpersonal relationships were within the same caste and the joint family. The traditional value system supports the authority of elders and upholds the sanctity of tradition. The general plan of life taught in the Vedas divided a man's life into four stages: Brahamcharya (Student life), Grahstha (Married life), Vanaprastha (Life of retirements) and Sanyasa (The life of renuciation).

Historically, the joint family system has been considered characteristic of Indian life. Under this system as many as three

generations live together at any time in the same dwelling. Traditionally, the Indian economy has been one in which overwhelming majority of population depended directly on agricultural and allied occupations. The caste system forms one of the basic structural features of Indian society. The territorial unit within which an individual lived his entire life in the village. Cast and kinship were the basic structural components of the village. Thus the whole of individual's life span was encircled by the concentric zones of family, caste and the village community, the major social control being exercised by religion through its precepts and its executive-cum-judiciary bodies and the policy and economy being relegated by two other institutions, the village Panchayats and the inter-caste economic relationship respectively (Kulkarni).

Indian society, however has been undergoing rapid transformation under the impact of several forces. consequently, the traditional values and institutions are in the process of adaptation and have often led to sharpening of intergenerational differences.

i) The Selection of research problem.

The life expectancy in India has increased from 32 years since independence and improvement in health services will further

push up the longevity in future. The number of persons 60+ in (1901, was about 12 million, in 1951 which increased to about 20 million representing a 67 percent increase. In 1971, the number rose to 33 million and according to the 1981 census (5 percent) sample it is about 43 million. In 1991 this is expected to increase to about 51 million. In 1991 this is expected to increase to about 51 million representing about 155 percent increase over 1951. The main reason for longevity is the increase in life expectancy at birth from 23 years for males and 59.8 years for female projected for the period 1991-94. The marital status of the population 60+ shows a fairly large proportion of the population that has widowed status, the incidence of which as may be expected is much higher among females than males (Govt. of India, 1982).

The traditional Indian family has been projected as well integrated kinship unit with the father occupying the position of authority. The member of the unit who share the various routines, problems and joys of family living have strong feeling of mutual obligation during crises and regard of self interest as being antithetical with the welfare of a the family. Their respect for the wisdom of the eldest male permits him and his spouse to make decisions which affect each and every member of the unit

(Kapadia, 1966).

Marulasiddaiah (1969) in his study of Makunti village of Karnataka state found that *no* sooner the son gets married than he wants to live separately and set up his own family. Of the 300 families there are hardly 18 joint families and those too are rldden with quarrels. The older people are losing grip on the young persons. They feel that neither are they properly cared for when ailing nor well fed and clothed by their sons and relatives. *Gangrade* (1978) in his study of intergenerational conflict in India found that majority of young prefer nuclear type of families. While a majority of parents still prefer joint families. The students (98 percent) want to honour their commitments and obligation to their parents and nearest extended family members. This favourable attitude is not nearly as strong on the question of giving assistance to relatives, which was approved by only 64 percent of students. There are 72 percent students and 63 percent parents who feel that parental authority is on decline and their sons no longer obey them.

The wage earning sections of the middle classes comprise members who pursue a variety of occupations, in industry, bureaucracy and professions in the formal sector of urban industrial economy. The value system of this section tends to be

influenced by their western-oriented education. Some of the sociological studies on family which proposed that family in India is developing in the direction of nuclear family are based on investigation in one section of Indian society. Interpersonal relations in the area of authority and decision-making are not based on the principle of seniority. Generally, senior members of the family become dependants on the junior earning members (Haribabu, 1984).

Mehta (1974) studied the attitudes and problems of divorced Hindu women reveals that nuclear family pattern of domestic life is the most preferred way of living. However, supporting of parents was considered to be a moral duty of children. All the respondent further stated that the nuclear family could not be relied upon in times of distress to support individuals on a long term basis and that this support had to be self-generated by women themselves. *De Souza's* (1982) study of respondents' perception of consistency of status in the family indicates that out of 296 old women and men, 50 percent were of the view that their status had not changed because of old age, of whom 59.30 percent were men and 41.70 percent were women. On the other hand out of 143 respondents who were of the view that their status deteriorated 39.3 percent were men and 56.4 percent were

women. In general, both old men and women (55 percent) were of the view that the children do not show them the same respect they themselves had for their parents (De Souza, 1982).

The old men and women stated that they experienced emotional distress such as loneliness, the feeling of not being wanted and depression. In general, women experience a higher level of loneliness, the feeling of not being wanted, and depression than men. The old people draw on their religious resources to cope with their emotional problems. The concept of Karma promotes adjustment because events take on the character of inevitability over which the individual has no control. The family developmental cycle brings about changes in the status and roles of both men and women because there is a transition from the role of provider to that of dependent. The degree of dependency varies according to the economic situation of the old people and in general it is characterised by a loss of role and limited participation in decision-making in the social, economic and cultural spheres of family activity. Thus the status of the elderly reveal that the factor determining the status of the elderly were his/her economic status, health status, intrafamilial interactions and the attitude of family members.

Older people often enjoy the time they spend with friends

more than the time they spend with family members. The openness and excitement of relationships with friends help older men and women rise above worries and problems. Friendship give older people a sense of being valued and wanted and help them deal with the changes and crises of ageing.

Thus the researcher select the following research problem-

A Study of Attitude towards Ageing, stress, adjustment and coping strategies of older people."

ii) Description of variables involved

A) Elders and Attitude Towards ageing

Different definition and conceptualisations of ageing have been employed by scholars from time to time. Usage of the term "Elderly" is common both in popular and academic discourses. The use of such a blanket term to encompass a forty year range has contributed to the popular stereotype that the elderly constitute a homogeneous social group: one of the most persistent images of ageing is that all older people are alike.

Old age denotes a specific stage of life in a tripartite division of the life cycle, i.e. phase of prepartation, followed by the one of productive activity in economic/income generating terms, and finally the stage of retirement. The chronological criterion for classifying an individual or a collectivity as "aged" or "elderly", is

generally employed for administrative purposes for example, pensions, retirement, insurance and the like. Here, old age is identified by the transition from salaried work to retirement.

Different nation-states and often provincial governments within nation-states define differently the age of retirement for their employed work force. As Pannu in his paper has stressed, there is no age of retirement for majority of those in the unorganised sector in India. No definite criteria is fixed by biologists to consider a person old, and for administrative purpose each country tends to fix an age limit for working life of person to suit its own interests.

The definition of the term "elderly" or "aged" varies from society to society and has undergone modification over the passage of time. Ancient Chinese scholars delineated seven phases in a man's life and Pythagoras in the sixth century B.C. compared human life to the seasons. In both cases, old age was deemed to be beyond 60 years (Stub, 1982). Some societies still treat 40 or 50 years as marking the transition into old age.

In western industrialised nations the typical onset of old age is reckoned as 65 (Conception 1988: 399). Worach-Kardas (1982) argues that age must be viewed as a socio-cultural category as much

as it is a chronological and biological phenomenon, and advocates a life-course perspective in which youth, middle age, and old age are studied as separate entities with their own distinctive processes and problems.

The cultural markers for distinguishing an "aged" or "elderly", thus, vary from society to society, as they are dependent on the life expectancy as well as longevity of population in different societies. Partha Mukherji (1972) distinguished between biological and sociological or psychological age. Some scholars say, biologically a person may be old but if he possesses a youthful temperament, sociologically and psychologically speaking, he should be included in younger generation.

Dutt (1986) says the term ageing signifies the progression of changes in bio-chemical processes. The factors which cause the ageing process are mainly environmental, genetic, mutation and free radical theory. Dutt endorses the view that chronological age is a poor predictor of functional ability. Mahadevan (1986) states that traditionally, in India, old age begins at 60. The age of 60 has been adopted by the Census (of India) for the purposes of classifying a person as old.

Old age is determined by cultural norms prevailing in a

society. In Indian society, marriage of one's children, particularly of a son, heralds the beginning of old age for women far more clearly than does a specified number of years. Accordingly, role expectations change for male and female members in a household.

In rural India, people are not classified as "aged" by any absolute biological and chronological criterion- as most of them do not know how old they are. They are, however, acutely aware of their relative age and of the category and activities appropriate to their contemporaries and to the progress through the life cycle of their kin in the adjacent generations. Age is sometimes recognised by association of a person's birth with special historic events, or geo-climatic, astronomical or with socio-cultural events- festivals, rituals and the like. It is the changing status of these peoples, parents and children, that defines an individual as old, for this status is a relational one.

Old age is depicted positively in terms of wisdom and the potential for spiritual growth. For some, wisdom and serenity are positive aspects of being old. The best things about old age include freedom to do and to be what one wishes, i.e., freedom from responsibility and freedom from worry about other's opinions. The "elderly" or "aged" sustain positive self-concepts by narrowing their

social contacts to avoid exposure to people who would reject them on account of ageing.

On the other hand, old age is also depicted negatively in terms of physical decline and decrepitude. Elderly people are characterised or stereotyped as ill, tired, mentally slow, self-pitying, unhappy and unproductive. They are often depressed by feelings of loneliness and alienation. The negative content of the condition of old derives from the relationship of individuals and society: the absence of a role, the isolation from the significant social life, the marginality in family relationships, and the lack of commitment, partly induced, partly forced on old people. Their problems include a feeling of material insecurity or dependence, and intergenerational relationships. The aged are also said to be losing gradually their decision making authority. Elders suffer from a sense of dispossession that reflects loss of roles and status, as they are deprived of the earlier identities defined by parental or employment functions. The hardest parts of being old are declining health and lack of finances, threat of dependence, and the loss of beloved ones.

Theories of Ageing

Several theoretical approaches have been advocated by scholars in their effort to understand the phenomenon of ageing. Since the

time when there ensued a lively debate between the proponents of the activity and disengagement theories, the field of social gerontology has been studied by such diverse points of view as socio-environmentalism (Gubrium, 1973), continuity theory (Atchley, 1971), the age-stratification approach (Riley, 1971; Riley, Johnson and Foner, 1972); symbolic interactionism (Marshall, 1980); exchange theory (Dowd, 1975); modernisation theory (Cowgill and Holmes, 1972); and political economy (Olson, 1982).

Activity and Community Theories

Social integration and participation are regarded as necessary criteria for satisfactory ageing in order that lost roles be replaced with other types of behaviour. Proponents of these theories contend that older people have social and psychological needs similar to those of younger people, or to themselves when they were middle-aged. Successful ageing requires finding new ways of being involved to compensate for losses of retirement or the death of long-time friends- in plain words, efforts not to let previous life-space shrink. Research evidence highlights the inadequacy of the activity theory as an interpretation of ageing. Indeed, data contradict the basic assumption that an active and engaged lifestyle will necessarily produce happiness. There are others who propose a developmental

model. They consider ageing as a sequential and accumulative process of becoming.

Disengagement Theory

A second theoretical approach to the understanding of the process of ageing is the disengagement theory. The propoanets of this theoretical approach (Cumming, 1963; and Cumming and Henry, 1961) contend that as people grow older they have less energy, and sustain a diminishing number of interactions (as well as types of roles) with other persons. As they retire from work, lose dear ones and experience deteriorating health, they become more egocentric. This theory proposes that the elderly person and society undergo a process of mutual withdrawal which is explained as a natural and inevitable procedure of functional benefit both to the individual and to society. Thus, lowering regarded as indicators of 'correct' ageing.

Cumming and Henry's theory has met with extensive criticism and has been described as the geriatric euphemism of social death (Platt, 1972). It serves as a justification for the exclusion of elderly people from social activities and does not regard their separation from society as a problem warranting concern but rather as a beneficial process.

This theory has many opponent. Shanas (1968) in her study

has found little evidence of either objective or subjective disengagement among the aged of Britain, Denmark and the United States. Similarly, Scholars like Hochschild (1975) have come up with the idea of differential disengagement.

Disengagement is an anathema to elderly Indians who seldom turn away from social life. From the perspective of the disengagement versus activity theory debate, the Ashramas, the ideal scheme of the Hindu Life-cycle, and Asian interpretations of it in practice, do appear superficially to be a form of prescription for healthy ageing via disengagement, since the last two stages tend to be less directly involved in the affairs of the material world and concentrate more on spirituality and preparation for the ultimate goal of life (Kapadia, 1966). However, it is not a withdrawal associated with a loss of status and emptying roles but a replacement of certain socially valued, material roles by others including spiritual roles.

A study of ageing and disengagement in India by Vatuk (1980) concluded that the influence of the ideal of withdrawal in later life was still apparent in Hindus, but that although a degree of social and psychological retreat took place, it did not mean a total of social activity. The existence of a normative prescription for a form of withdrawal from material power enabled older people to give in

gracefully to younger people and to avoid direct intergenerational conflict. At the same time this withdrawal did not imply social inactivity, though the elderly did not generally exercise authority.

Development Theory

The third major gerontological approach sees adjustment to old age as primarily determined by the individual's personality characteristics. Developmental theory has resulted in the categorisation of the elderly. Such an analysis attributes minimal importance to the social context in which ageing takes place and disregards completely the external constraints which influence the ageing process. As Estes (1979) recognises, "None of the three theories takes a direct interest in the social structure and the cultural and historical context in which ageing process occurs, although lip service is often given to the importance of these factors."

Modernisation Theory

Modernisation models of ageing have traditionally held that modernisation worsens the prestige and power of the old, maintaining that the life of the elderly people is characterised by disengagement, deculturation or alienation. The notion that industrialisation and urbanisation have eroded the status of old people everywhere is widely accepted. In fact, as several scholars point out, the issues

are not modernisation and status per se but the different ways in which change affects the old and the various dimensions of their status such as health status, authority, economic independence, ritual influence, household situation and so on, Foner (1984) and Simic (1983) maintain that the overall status of the elderly is multidimensional, and changes of status among the old are more complex and varied than this model suggests.

Symbolic Interactionist Theory

This theory says, Mead (1934) is Primarily concerned with the meanings which actors attach to their behaviour and experience and acknowledge the actions occur within the context of social rules (Goffman, 1959;1963). In interpreting the situation of older people symbolic interactionists do recognise the influence of external social factors, such as class, race, and sex. According to this perspective, conflict is assumed to be primarily a result of mistaken ideas about reality, and uncovering the actors' own interpretation of their experience.

The social structure within which interaction and interpretation occur engenders beliefs as to what constitutes acceptable action, as well as it acts as a constraint upon the actors themselves.

Exchange Thoery

To Dowd (1980) this approach suggests that the lives of elderly people are shaped by the relative power resources of the social actors involved. "Thus, although exchange theorists recognise that old people in modern society tend to be disadvantaged because they generally possess power resources than young people, these theorists also recognise that there are exceptions: individuals often manipulate in innovative ways the few resources they do possess. Thus, although the long term 'exchange' view recognises that possession of resources also leads to power in social relationships, the short-term view appreciates the creative ability of humans to use resources in unique ways" (Dowd, 1980:19). Dowd argues that older people form a cohesive age stratum through their sharing of certain attributes (e.g. their exclusion from work roles). In old age, age interests once again become dominant. Age status becomes a permanent identity. There is no age stratum to move to after one has reached "old age."

For many years social gerontology has been dominated by narrow functionalist theories of ageing. These theories, in a variety of forms, have explained the process of ageing and the role of the elderly in terms of individual or group adjustment (Olson 1982; Marshall, 1987). These theories confirm ordinary life-style liberal or conservative sentiments and not radical or existential ones. These

possibilities suggest that scientific theories basically derive as much from the perspectives and values of the world they examine as from scientific enquiry. Elderly people are treated as a distinct homogeneous group in various stages of adjustment to the ageing process. Such theories are based on the implicit assumption that the status of older people can be explained in isolation from the rest of the social and economic structure in any society. It is as if the influence of the class structure ends at retirement age and all those beyond it face common problems. Most important of all, the stereotype of the elderly as a homogeneous group with special needs has exerted a considerable influence on both public attitudes and social policies towards this group.

In recent years the dominant functionalist paradigm in social gerontology has been called into question increasingly. The main reason is the failure of existing theories to explain some of the key experiences associated with old age, such as the marginalisation of elderly people and the differential impact of retirement. One aspect of this is the relative neglect of women in studies of the retirement process. This has meant, in turn, that social gerontology has not been able to make an adequate policy response to recent changes in the role and status of elderly people.

In recent years, a number of studies have advocated new

paradigms-under such labels as structuralism, the new structuralism or dual economy perspective. While there are a number of important difference generally these models lay stress on the fact that human capital variables including education, skill or age operate within the context of a segmentalised industrial order which serves to demarcate the lifeworld of individual workers or retires quite independently of their personal attributes.

Scholars such as Gough (1979), Phillipson (1982) Townsend (1981), and Walker (1981) have made increasing calls for an alternative model which concentrates on the normative imperative of structural arrangements. Their concern has been the social creation of dependent status and the structural determinants of the competitive relationship between elderly and younger adults in the labour job market. The logic of capitalism is portrayed as a social and productive system irreconcilable with the needs of the elderly people whose lives cannot be adequately analysed in isolation from the web of economic relationships, it is insisted, must be considered of primary significance in influencing both the way we think about the process of growing old and about the position of older people within the social structure. Thus, their focus is on how society and its systems of stratification influence and constrain the experience of old age.

The indifferences among elderly people been noticed. Those who are normally adjusted don't feel themselves diminished and keep themselves busy. Continuation of activities and attitudes of middle years into old age is conducive to happiness and successful ageing. The other theory which is applicable to those who do not want to keep and it shows their poor adjustment.

Attitude towards old People

Some of the major differences between the status of old people and that of the traditional minorities in the United States have been noticed. These differences stem from the fact that the aged do not constitute an independently functioning sub-groups. With these considerations in mind it is suggested that old people be designated a 'quasi minority'.

Proceeding upon the assumption that old people in American society are devalued 'Lindon' has outlined various cultural influences which are considered responsible for such devaluation. Illustrative of those influences according to Lindon are the diminishing acceptance of family, responsibilities towards own elders, the declining aspect towards the aged as a consequences of loss their position of physical and psychological attributes to youth. And in our youth oriented culture many older people come to perceive

themselves as obsolete and worthless and tend to behave accordingly. Not frequently children assume a patronising and protective attitude towards the ageing parents. In other ways they tend to deprive them of dignity, responsibility and feeling of importance. Many parents are treated as unwanted burdens and their children may secretly wish that they would die to relieve them of financial and other responsibilities. In a study of elder people in France, it has been pointed out that when the French go away for vacations they sometimes deposit their aged parents in rest homes, and on their return home, they forget to pick them up, abandoning them like dogs in a kennel. Undoubtedly in the United States, too many older people are 'deposited' in rest or nursing homes to die even though they may possess relatively good health. The effects of being cast aside, simply for 'being old', are likely to be devastating.

In western countries the attitude towards older people is quite different from our country. In India youth and the family members still owe respect to elderly people. However, the change in modern society due to scientific advances and the process of industrialization has brought the great change even in the family tradition and the culture of Indian people. There is a growing shift in the means of livelihood from rural to urban semi-urban occupation. Here most of the people living in rural areas had joint families. In a sense many

of them were self-employed in business, agriculture, and thus retirement was for the most part gradual and voluntary. In the large joint family even at home there is division of labour and the aged individual had some roles or other of play. This keeps him occupied and make his life more meaningful, and his maintenance is not undue burden on the family.

Today major population is in government organisation and industrial establishments, which come under some sort of statutory retirement at a fixed age with a sudden arrest of work and gross reduction in earnings and consequently affecting the individual's socio-economic status. Added to this, there is the growing dissolution of the joint families with a shift in value and role of older people.

Some elderly people may be financially well-off and comfortable but may not have their children alongwith them. In such cases also having sufficient money does not always solve the problems of old-age. The people at advanced age need protection, company and friends beside comfortable living.

In fact the healthy attitude towards ageing makes the person more adjusted. Hussain (1988) in one of the articles, 'Old Age problems', stated that the severity of the problems associated with old age may be determined by the attitude of the person towards old age and the life, in general. Hence, the family and the society

at large must consider old people as assets who are enriched with life experiences and have many things to give. An atmosphere is to be created which is psychologically healthy and in which an old person may develop healthy attitude towards himself and the society at large. He may not consider himself a burden upon others and suffer from extreme sense of isolation, helplessness and insecurity'. Various programmes should be chalked and implemented by the government and social organisation. However, while rendering services to old people, one must be very cautious that the former may not consider themselves to be alienated. The old people must be treated as active members of the society. They should develop the feeling that they are well and healthy and adjusted people in their societies.

B) Adjustment

The word adjustment has been described in many ways by different psychologists, biologists, mental hygienists and other behavioural scientists. Biologists take adjustment in terms of adaptation to the physical world. Some explain adjustment in terms of conformity to the environmental demands, some say that a normal or statistically average man is an adjusted man. Conflicting views are there because mostly no two behavioural scientists agree upon a common definition of adjustment. A scientific definition of adjustment ought to be objective, precise and clear cut. Generally,

it has been argued that the concept of adjustment is a mere fiction, as people have always failed in giving a standard definition of adjustment, partly because of its many meanings, and partly because the criteria against which adjustment could be evaluated are not well defined; further, the boundaries between adjustment and maladjustment are never water-tight.

The mental hygienists take a more personal view of the adjustment process and consider it to be the need for a person's adjusting to himself, understanding his strength and limitations, facing reality and achieving a harmony within himself (Kaplan 1965). They give emphasis on the achievement of self-acceptance, freedom from internal conflicts, self-realization and developing a unifying set of values which make life purposeful and meaningful.

Social aspect of adjustment requires that the individual should achieve a reasonable compromise between his drive for self-realization and the demands of the society in which he lives. He should establish a satisfying contact with the other members of his group. His outlook on life should be socially oriented.

Clinical psychologists consider an organized behaviour to be adjusted behaviour and, therefore, freedom from fears, obsessions, phobias, hostilities, complexes, and other pathological symptoms, are

the criteria against which adjustment can be evaluated.

Counselling psychologists, while dealing with a maladjusted person, try to bridge the gap between the real-self and the ideal-self of the person. It means that maladjustment is taken to be a state of cleavage between the real-self and the ideal-self.

Personality psychologists define adjustment on the basis of self-concept or self-picture of the individual which should be in accord with reality, "Adjustment is the process of meeting life's problems, and is personality and the self-concept aspect of personality in action". (Glanz and Walston 1958). We may define the self-concept as the total psychological view that the individual has of himself in relation to the environment, or it is an organization of self meaning or ways of seeing self (Combs and Snygg, 1959). Maladjustment takes place when the individual's psychological view regarding himself is not in accord with reality. A well adjusted person has essentially positive attitude towards self and others. He has feeling of dignity and integrity, worth and self-actualization (Comb and Snygg, 1959).

Some psychologists have approached adjustment from quite a different angle and defined it in terms of integration of separate responses or acts. "...large units of behaviour in which several separate acts or responses are joined or integrated are called

adjustment (Asher, Tiffin and Knight, 1953); For example, when we talk of class room adjustment, we mean integration of separate accidental acts, like listening, reading, attending, reciting, remembering, etc., in which the student is engaged in the class room. Similarly, separate responses are involved in home, occupational and marital adjustment, etc. Thus, adjustment may be said to be a combination of the different reactions of the individual which is in tune with reality.

This aspect of adjustment has been also emphasized by Schneiders (1965) when he says that "...we can define it most simply as a process involving both mental and behavioural responses, by which an individual strives to cope with inner needs, tensions, frustrations, and conflicts and to bring harmony between these inner demands and those imposed upon him by the world in which he lives". While considering adjustment as a process, we are interested in the ways the individual modifies or inhibits his internal impulses or alters the environmental demands to eliminate the conflicts (Lazarus, 1961).

Thus, while dealing with adjustment as a process we are confronted by two factors-environmental demands, and needs and motives to be satisfied. There is always a conflict between these two forces which call forth adjustive process. And that behaviour

has been considered adjustive behaviour which makes a compromise between these two forces and helps the individual in achieving harmonious, stable and satisfying relationship with his environment. Madigan (1962) states, "If the conflicts are solved to satisfy the individual's needs within the tenets approved by society, the individual is considered adjusted". Besides, adjustment also requires a harmonious inter-relationship within the individual of his various behavioural tendencies. The function of adjustment is to bring about a stable equilibrium among the various components of external and internal stimulations. The significant components of these two types of stimulations have been referred to as motivating stimuli which are perceived as uncomfortable or distressing. The individual's behaviour is directed toward the reduction of such stimuli, facing external and internal realities (Sappenfield, 1961).

Smith (1961) goes one step further and suggests that good adjustment leads to general satisfaction of the whole person rather than the satisfaction of an intense drive at the expenses of others. Besides this, a well adjusted person always considers his long interest and not simply the satisfaction of one intense drive. This type of adjustment is both realistic and satisfying.

In short, every individual attempts at making adjustment to minimize frustration, and conflicts resulting from internal and external

demands. However, the difference lies in the quality of adjustive behaviour patterns.

the above-mentioned different approaches to the concept of adjustment can be simply analysed in the following ways :

- a) Adjustment is a process.
- b) By this process the individual tries to bring harmonious, stable and satisfying relationship with his environment, i.e., by this process the individual alters his impulses and responses to fit the demands of his environment.
- c) By this process the individual tries to satisfy his needs and desires in accordance with environmental demands on the one hand, and his abilities and limitations on the other.
- d) A good adjustment always aims at long-term satisfaction instead of satisfying an immediate intense need.

While studying adjustment, one should, therefore, be more interested in the ways in which people respond to the demands and stresses of their environment as well as to the satisfaction of their needs and desires in accordance with such temporary and long-range environmental demands.

The concept of good and poor adjustment

It will not be a simple matter of classifying individuals as adjusted and maladjusted. Adjustment is considered to involve a continuous variable, so the evaluation of individual's in terms of this variable cannot be limited to two extremes. Moreover, psychologists, or for that matter even other persons, fail to provide scientific and objective criteria of healthy adjustment, or, contrarily, unhealthy adjustments. The reason for this has been enumerated. We know that standards of adjustive behaviour may vary with time, place, culture, circumstances and the characteristics of the individual. There is no single life style which is best for all people; there are many life styles of varying forms (Kaplan, 1956).

An individual may be called adjusted at one time but he may be maladjusted at another time in the same social complex. He may be adjusted to one aspect of life and not to another, for example, he may be emotionally adjusted but socially maladjusted. Criteria against which adjustment is evaluated either as good or bad are provided by a particular cultural context, based on its value systems. And this value system naturally differs from one culture to another, or from one generation to another. Some of the indices of good adjustment of present might become a sign of maladjustment in the future, as for example, in a few societies psychotic-hallucinations were identified as supernatural and God-gifted, whereas number of

other societies considered psychotic persons as possessed by the devil and wanted to destroy them (Lazarus, 1961). Even today psychotics are considered to be extremely maladjusted persons.

The difficulty is enhanced when it is observed that adjustment is relative in character and it should be judged in terms of how well an individual changes to cope with the demands that he encounters, and naturally this capacity varies with the developmental levels of human personality. Thus, it is better to judge adjustment in terms of a person's ability to meet problems appropriate to his level of development (Anderson, 1949). It is of common observation that even a well adjusted person finds it difficult on some occasions to handle a situation which is beyond the scope of his adjustability.

To sum up, it is difficult to have a yardstick or norm against which adjustment can be evaluated mainly because of the following reasons.

- a) The value system of one's culture differs from another.
- b) Even in the same culture value systems changed from time to time.
- c) Adjustment is to be evaluated considering an individual's developmental level.
- d) Adjustment involves a continuous variable.

In view of the above discussion it seems rather difficult to evaluate adjustment as being good or bad. Nevertheless, we can take into consideration the overall characteristics of a well adjusted person and derive some general criteria constituting the basic core of adjustment. These criteria may be summarized as follows:

- i) A well adjusted person establishes a harmonious, stable and satisfying relationship with the environment. He meets his needs and fulfils his desires with the resources available in the environment from the viewpoint of his own welfare and that of other. He has realistic self-perception, and appraises his own abilities as well as limitations realistically.
- ii) He has control on impulses, thoughts, habits, emotions and behaviour in terms of self-imposed principles or of demands made by the society. He enjoys a mental life, which is free from depressions, intense fears, acute anxiety, hostility, sense of guilt, insecurity and disruption of thought etc., to a great extent.

In short, it can be said that his behaviour is not disturbing to himself and to the people around him. A maladjusted person behaves in a way which is severely disturbing to himself and/or to the other members of the society.

The problems of old aged persons.

The problem of old aged people has always been considered to be of much significance. However, the advances in the area of behavioural science and increasing industrialization have intensified the need for the study of problems relating to old-age. The childhood, adolescence and adulthood all have their own problems arising out of various demands and stressful situations. The problems of old aged persons may have some common boundaries but the way they see problems faced by them may differ from person to person. The same situation may not carry equal intensity of threat and stress to all the old persons. Reactions to threats depend upon the person's perception of himself and that of the stressful situations and taxing demands. Still further, the tolerance developed within the person may also play a major role while he is exposed to unhealthy life situations. This is our common observation that the tolerance capacity is decreased because of degenerating nerve cells or lack of proper functioning of nervous system as well as accumulation of frustrations and helplessness. It has been rightly remarked that a person's attitude towards old age is determined by the experiences, successes and failures which have been accumulated during early years of life. In other words, his early deposits determine his present attitude toward the growing problems.

Some of the general problems which are encountered by the old aged persons and tax their adjustive capacity and happiness are examined from multiple angles in a psychological perspective.

The fear of old age is stressful, which mainly grows out of the two sources. First the thought that old age may bring poverty, and secondly, by the most common sources, false and cruel teachings of the past which have been well mixed with. Ageing is a major life change which is a psychological step or transition that alters ones relation to the world about him and demands new response.

In the basic fear of old age man has two very sound reasons- one for his apprehension growing out of his distrust of his fellowman who may seize whatever worldly goods he may process and the other arising from the terrible pictures in his mind of the world beyond.

The possibility of ill health which is more common as people grow older is also a contributing cause of this common fear of old age as no man cherishes the thought of diminishing sex attraction.

Another contribution of a cause of the fear of old age is the possibility of loss of freedom and independence and also the loss of both physical and economic freedom.

The common symptoms of the fear of old age are the

tendency to show down and develop an inferiority complex at the age of mental maturity around the age of forty, falsely believing one's self to be slipping because of age.

Little bites of death of the well being or the ill being of the elderly is the ultimate algebraic sum of manifold factors-health, economic, social, psychological, family, philosophical and spiritual amongst many others. Shakespeare's Hamlet remarked- 'when sorrow come they come not single but on battalion's. How true indeed it is for the old people, they are saddled with burdens devitalised by losses and nearer to death. Thirty percent of the elderly persons have mental health problems and nearly at eightyfive parents have bodily change. Multiple deprivations cloud the evening of their lives. The loss may be of the spouse, of children, friends or the use of a limb, of health, status, self-esteem, mental faculty or income.

The above noted psychological factors of fear and little bites of death in ageing and the other losses which occur in the old age, clearly present the problem of adjustment.

The mature individual has responsibility for his choices and makes his decision, rather than uncritically accepting those of others. If the idea of established authority seems inadequate, he

turns the experiments and reasons for a more valid solution.

The problems in later year of life and after retirement and typical in nature. The major responsibilities bring their own adjustmental problems. Recently there has been numerous publications on the problems of later maturity and some suggestions to causes and remedies. The causes revolve around the roles assigned to older person in our culture, reaction of the individual to his own, physical and mental changes, particularly those that intensify the problem of age rather than reduce it.

Another problem relates to retirement from the active life or even an apprehension of being isolated from engagements either in service, business, farming or other means of livelihood because of decaying energy and advanced age. This is most serious in the case of those persons who had been enjoying power in government services or private sectors. In such conditions the old aged persons may develop a sense of isolation and extreme passivity which may adversely effect their satisfying experiences. They may develop anxiety over their excessive dependency may be torturing to them and specially when they are neglected by the family members. The sense of being neglected makes them feel that they are alienated and are living at the mercy of others. This sense of alienation is further enhanced when they find themselves incapable of making

healthy interaction with the society at large. It has been also observed that the increasing sense of isolation is aggravated when the old people want to pass time in the company of youngsters who do not like to waste their time in their company. The younger people may not like their company because they start preaching and narrating their past experiences and deeds which may not appeal to them.

The problem relating to financial insecurity and dependence upon other family members is also vital. This is more applicable in the case of those old persons who have not saved some part of their earnings in their past.

One major psychological problem during old age is that the physical strength may not support the desires and motives of a man. He may like to do many things which he did earlier but at present because of decaying general health he may not do. So there is a lesser coordination between his desire and action. He may like to play certain games but cannot. In some extreme cases old people want to write letters to their relatives but their hands shake, they want to run but physical condition does not permit. The growing physical disabilities, limitations and various diseases prove to be an obstacle to the satisfaction of motives.

The chronic illness may be source of strain and stress.

Physical degeneration becomes a threat to the older person. If the person is suffering from prolonged illness he may not be properly cared and nursed which in turn make him worried, irritating, aggressive and fault finding. The sense of being neglected is generally intensified because of person's own attitude towards other. The prospect of death is another source of tension. It becomes more intense when the old persons get information about the death of their friends and relatives. The prospect of death is more dangerous than the death itself. It has been reported that persons who are sitting near a dying person feel more threatened and afraid of death than the dying person himself. However, some psychologists are of the opinion that older people have fewer hopes and expectations and, hence, may not be highly disrupted by the fear of death. The stress of the anticipated death is associated with the philosophy of life and the richness or daresness, disappointment and bitterness of early life.

Individual difference in Adjustment

It has been observe that differences exist between individuals in their adjustment to old age. Those who make healthy adjustment in the later years, keep approximately busy to construct the work that is satisfying to them and allows them to retain and enhance their self-esteem. Some have arranged to shorten hours of

work and reduce heavy responsibility to adjust their physical condition. In general the older employees who make the necessary adjustment are regarded as quite good by their employers. The individual who sees at middle age the changes that are occurring in the roles he will have to play in the future and finds new outlets more suitable to these decades of life is preparing for better adjustment in later years.

Simons (1943) who studied the relationship between middle aged adults and their ageing parents among a sample of clients of Jewish family agency on the west coast found that social problems of the aged parents were a source of considerable distress and threat to the adult children. The most effective 'solution' was to include the parents in a social or family affairs but such an arrangement was barely welcome on consistent and prolonged basis. The parent's distress whether explicit by direct demands or implicit by complaints or loneliness ungereared the respondents more than any other problem presented by the parents. It can be gathered that peak of the human developments lies in the attainment of social maturity. However, the ability to reciprocally function in a complex social milieu is not only an indication of social maturity but is also

associated with happy dispositions. It is an important aspect of adjustment.

C) Stress and Coping Strategies

Stress is an all pervading phenomenon in life. It is necessary and useful for personality growth when in optimum quantity. When this optimum level, which varies from person to person is exceeded, the costs are experienced in the form of health problems and illnesses besides many other consequences. Stress has been defined as a stimulus and also as a response. Stress stimuli or stressors are of three major types (Lazarus & Cohen, 1977): major changes or events that affect many, major changes or events (e.g. getting married, death of a family member) that affect one or a few and daily hassles or incident in daily living which irritate or distress one.

Psychological stress then is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being. This reiterates French (1974) concept of person-environment misfit occurring as a result of the environmental demands which are made on the person and being appraised as a threat, thus leading to stress and affecting his or her well-being.

Stress affects an individual in a variety of ways like narrowing the span of attention, bringing about certain cognitive deficits, inducing helplessness and irritability, affecting performance adversely, affecting physical and psychological health and so on. Chronic stress has costs which are cumulative in nature and this is most common in relation to physical and mental health.

Stress effects on individual's health may be of short term on long term nature. Elevation in blood pressure has been observed in cases of anger and anxiety, stressful interviews, loss of job and natural disasters. Prolonged rise in blood pressure is found in those who face stress for long periods.

Social stress arising from marriage and parenting have been found to be closely related to depression could be of a neurochemical kind and neurochemical changes may be triggered off by stress (Anismoan & La Pierre, 1982).

Adverse social conditions associated with stressors operate to create depression and these have been identified. Prolonged social conditions of the adverse kind tend to decrease the levels of self-esteem and self-confidence among people who tend to break during difficulties (Brown & Harris, 1978). Similarly, higher degree of psychiatric symptoms were found to be more frequent among the

lower class persons (Myers, Lindenthal & Pepper). Frequent adjustment to changes in life because of the occurrence of life events increase the proneness to diseases as a result of lowering of resistance to diseases (Holmes & Mausa, 1984). Similarly, greater number of hassles of daily living also contribute to stress experiences (Kanner, 1981).

These disorders have been the object of a great deal of research and rethinking in recent years. It was once thought that the psychophysiological or psychosomatic, disorder that is, physical disorder influenced by emotional stress-constituted a circumscribed group. The disorders that fell into this group (asthama, ulcer, migraine, hypertension, etc.) were accordingly listed as separate diagnostic categories in earlier editions of the D.S.M. Recent evidence strongly suggestes, however, that almost any physical disorder, from the common cold to cancer, can be "psychological". That is, almost any physical condition can be affected by psychological conditions, whether in its cause or in its progress. In recognition of this evidence, the DSM now no longer contains a list of specially psychophysiological disorder. Instead, it has one comprehensive category, "Psychological factors affecting physical conditions", the implication being that such factors might affect any physical condition.

The relation that our psychological state affects our physical health has recently been responsible for the development of a new research discipline, behavioural medicine (some-times called health psychology). Two major historical trends have met in behavioural medicine. The first is the recognition that our life style and state of mind affect our physical well-being the second, the discovery that a number of treatment techniques from the behavioural perspective (Such as biofeedback and relaxation training) can be effective treatment components for stress related physical ailments.

Mind and Body

Mind and body are essentially the same thing or, at most two aspects of the same thing. "Mind" after all, is simply an abstract term for the workings of the brain. The brain is not only part of the body but is directly connected by nervous to all other parts of the body. Therefore whatever is going on "mentally" inside a person is also going on physically, and vice versa. Yet the fact remains that for most of the time we are completely unaware of the activitiy going on in our brains. All we are conscious of the effects of that activity-effects that we think of as "mental", not physical.

In recent years researchers have presented compelling

evidence of organic factors in schizophrenia and severe depression. There is also new evidence of psychological influence over organic processes. In the sixties it was discovered that psychological functions such as blood pressure and heart rate, which were once considered completely involuntary (i.e., the province of the body, not of the mind), could be controlled voluntarily. And if mind could affected the beating of the heart or the constriction and dilution of the blood vessels, why could it not also affect such process as the growth of cancer cells or the progress of infection? In fact, there is now much evidence by no means conclusive, but very suggestive that psycholocial factors do play a role in cancer, infections, and many other illnesses traditionally regarded as purely organic. in the face of this evidence, many physicians are now beginning to doubt the long-entrenched separations of the mind and body. The same trend is affecting mental health professions, as can be seen in the DSM. The list of psychological disorders has been replaced by a single broad category of "psychological factors affecting physical condition"- a category that can apply to any physical condition. Kept apart for centuries, mind and body are now increasingly being considered as one.

The Autonomic Nervous system (ANS)

The role of the ANS is to adjust the internal working of the body to the demands of the environment. ANS has two branches-the sympathetic division and the parasympathetic division-which are structurally and functionally distinct.

It should not be imagined, however, that the body alternates between periods of sympathetic and parasympathetic activity or that only the sympathetic nervous system responds to stress. on the contrary, both divisionn of the ANS are responsive to stress, and both are constantly in operation. For example, when a person is anxious, there is strong sympathetic arousal, as indicated by increased blood pressure and rapid heart rate; but the parasympathetic system is also involved as indicated by upset stomach, diarrhea, and frequent urination. There are, of course, periods in which one division is much more active than other. In situations of intense fear, as we saw above, sympathetic activity dominates; the same is probably true of intense anger. In sleep, on the other hand parasympathetic activity is dominant. Yet most of the hours of our days are spent in situations that, in terms of stressfulness, fall somewhere between sleep and mortal danger. And in these middling situations, as stress ebbs and flows, the sympathetic and parasympathetic division work together, adjusting our internal functioning to the demands made on us by the world.

Determinants of autonomic Response

Becasue it mediates between emotional stress and such crucial biological functions as respiration, digestion, and blood circulation, the ANS has been a major object of study or researchers investigation the relationship between psychological processes and physical disorders. Several decades ago, (W.B. Annon/1936) proposed that stress results in a massive arousal of the entire sympathetic division, with the psychological consequences described above. Regardless of the nature of the stress or of the individual the psychological response.

General arousal in reaction to stress, how ever, does not explain why some people respond to such stress by developing ulcers, others migraine and others high blood pressure. The question is still not completely answered. In addition to general arousal, there are also highly specific patteredned responses that very both according to the nature of the stress and according to the individual.

Stimulus Specificity

In 1947 a patient named Tom who had experienced severe gastrointestinal damage underwent surgery, and in the course of the operation a plastic window was installed over his stomach so that its internal workings could be observed. In later

sessions with Tom, the investigators found that his flow of gastric juices decreased when he was exposed to stimuli that aroused his anxiety and increased his anger. Thus this experiment not only showed that gastric activity was related to emotional stress, as researches had long suspected; it also established the principal of stimulus specificity that different kinds of stress produce different patterns of psychological response.

This principle has since been confirmed by other investigations. Fear and anger, it has been found, have a significantly different impact not only on gastric activity but also on heart rate, blood pressure, muscle tension, respiration rate, and numerous other physiological functions.

Individual Response Specificity

ANS response depends not only on the nature of the stressor but also on the nature of the person.

There is an apparent contradiction between individual response specificity and stimulus specificity, if individuals have characteristic patterns of response that carry over from stressor to stressor, how can response vary significantly according to the nature of the stressor? This seems improbable only if we think of autonomic response as a simple process, which it is not. It is an extremely complex process, in which a number of different

variables influence the final response. In the case of the two variables in question the individual and the stressor it has been shown that they do operate simultaneously example, as we saw above, the flow of gastric juices tends to increase with anger and decrease with anxiety; this is stimulus specificity. However, the degree of increase and decrease will be subject to individual response specificity. That is "gastric reactors" may show extreme increase and decreases; "Cardiac reactions", on the other hand, may show only mild gastric changes, concentrating instead on heart-rate changes.

Psychological Events and Physical Illness: A Disregulation Model

Disregulation can occur at one or more of four different stages.

Stage 1: Environmental Demands

The demands placed upon the person by the environment may be so great that he or she is forced to ignore negative feedback from the body.

Stage 2: Information processing In The Central Nervous System

Even if environmental demands are not unreasonable, the brain may be programmed, either by genes or by learning, to respond inappropriately either to these demands or to the body's negative feedback.

Stage 3: The peripheral organ

Even if environmental demands are not excessive and CNS information processing is going smoothly, the principle organ may be incapable of responding in an appropriate manner to the brain's instructions.

Stage 4: Negative Feedback

Finally, even if environmental demands, CNS information processing, and the functioning of the principle organ are all normal, a problem may develop in the negative feedback loop.

Physical Disorders Associated with Psychological Factors

Ulcer

Ulcer usually develop either in the stomach, in which case they are called gastric ulcers, or in the duodenum (the area lying between the stomach and the small intestine) in which case they are referred to as duodenal ulcers.

There is strong evidence that duodenal ulcers are associated with excess secretions of gastric juices (Dragstedt, 1967). Gastric ulcers, on the other hand, seem to be associated with some weakness in the mucosal lining as well as with abnormalities in gastric secretions. Exactly what cause these conditions we do not know, but psychological stress is almost

certainly one factor, at least in the abnormal rates of gastric secretion.

Obesity

The "abnormality" of obesity would be related to the personal-discomfort criterion. In many sectors of our society, obesity is viewed as "a state verging on crime" (Rodin, 1977). As a result the obese suffer not only the consequences of their socially defined unattractiveness-consequences ranging from a mild sense of inferiority to total social and sexual maladjustment but they must also suffer the sense of responsibility for their condition. This is personal discomfort of the first order, and one that brings many people into therapy.

Yet obesity is due not to physiology alone, but to an interaction of physiological and psychological factors. A number of studies indicate that obese people are far more responsive than others to any food-relevant stimulus: the taste of food (Nisbett, 1968); the sight and smell of food (Schachter 1971), the clock indicating that it is meal time (Schachter and Gorss, 1968); and, presumably, television commercials and magazine advertisements.

Essential Hypertension

All the physical disorders commonly associated with psychological stress, chronically high blood pressure, known as

hypertension, is by far the most common and the most dangerous. As schwartz (1977) has pointed out, these proposed cause can be classified according to the stage in which the regulatory cycle is disturbed.

Stage 1: Environmental Demands :

It is possible that essential hypertensives are to some extent victims of the principle of the stimulus specificity. That is, their environments are particularly rich in those kinds of stressors that tend to increase blood pressure.

Stage 2: CNS information Procesing-

Essential hypertension may also be due in part to individual response specificity. In other words, genes or experience may have programed the brain to respond to different kinds of stress with increases in blood pressure.

Stage 3: The Peripheral Organ

It has been suggested that chronic hypertension may eventually produce structural changes in the blood vessels, so that they can no longer dilate properly.

Stage 4: Negative Feed Back

Chronically high blood pressure may also, in time, affect the operation of the baroreceptors. Under the strain of chronically high pressure, the baroreceptors may evantually adapt

to this stimulus and thus cease to respond to it in such an extreme manner or they may simply were down. In either case, they would cease to send the appropriate "high-pressure" signals to the brain.

Headache

Stress related headaches seem to be two types. Muscle-Contraction headaches, also known as tension headaches, range from mild to severe and are usually described by their sufferers as an aching or tightness around the neck or head. In most case the pain is felt on both sides of the head, either at the front or back of the head or at the back of the neck. Migrain headaches are more intensive and are usually localized in one side of the head and usually described somatic disturbances : Such as dizziness, fainting, nausea, and vomiting. Migraine attacks range from bearable discomfort to complete immobilization and last anywhere from several hours to several days.

Like hypertension migration is a cardio vascular disorder. It appears to be due to the following sequence of events. First the blood vessels in the brain constrict as a result of stress. Then once the stress is relieved, the arteries leading to the brain dilate, and more blood delivered to the area than can be comfortably accommodated. The result of this dramatic change

in the flow of blood to the brain is a sharp, painful, throbbing sensation in the head- in short, the migraine. Thus it is not actually stress but rather the period of relief after stress that ushers in the headache.

Asthma

Asthma is a disorder of the respiratory system, the functions of which is to bring air in and out of the lungs, so that the body can take in oxygen and give off carbon dioxide. During an asthma attack is that the body's air passage ways narrow, which in turn produces coughing, wheezing and general difficulty in breathing. Asthma is normally divided into two classes: allergic and nonallergic.

The psychogenic theory of asthma is quite old. Indeed, asthma was one of the cornerstones of "psychosomatic" theory in general, particularly in psychodynamic quarters. Yet systematic researches has failed to show that psychological factors are a primary cause of asthma. There is even some doubt about psychological stress as a secondary cause- that is, as a trigger for attacks, whatever the original cause of the condition. Attempts to induce attacks in asthma sufferers by exposing them to emotional and stressful stimuli have resulted in slightly decreased air flow, but no actual attacks (e.g. weiss et al, 1976).

Insomnia

Insomnia the chronic inability to sleep, Abnormal psychology accept as a symptom of other, more pervasive disorders, such as depression. yet for an extremely large number of people, sleeplessness is the sole complaint, and one which occasions severe physical and psychological distress.

Between 14 and 25 percent of the population have sleeping problems. There is no way of establishing, however, what proportion of these people would report insomnia as their only psychological problem.

Insomnia can stem from many different factors, including drugs, alcohol, caffeine, nicotine stress and anxiety, physical illness, psychological disturbance, inactivity, poor sleep environment, and poor sleep habits (Bootzin et al., 1983)

Cancer

For years it was believed that whatever physical disorder might be associated with psychological stress, Cancer was not one of them. Then, a few dacades ago, researchers began discovering what seemed to be correlations between susceptibility to cancer and certain kinds of psychological characteritics. One researcher, Caroline Bedell Thomas, gave psychological tests to a large sample of medical students in 1946 and then recontacted

them every year to check on their health. By 1977, forty-eight of her subjects had developed cancer, and according to Thomas those subjects showed a marked tendency toward emotional restraint, the "bottling up" of strong feelings, whether positive or negative. In subsequent studies of people already suffering from cancer, other researchers have found that those who were able to express negative feelings fear, horror, anger-about the disease were more likely to survive it than the more stoical types (Rogentine et al. 1979). Besides emotional restraint, other psychological variables suspected as possible contributors to cancer are a sense of "helplessness /hopelessness" and, possibly as a cause there of, the experience of severe personal loss (Schmale, 1966).

Psychological therapy for cancer patients is that developed by Carl and Stephanie Simontion, in which patients are encouraged to visualize defensive forces within their bodies attacking and devouring the cancer cells. The idea is to restore the patient's sense of control, a psychological change which will presumably lead to actual, immunological control over the cancer.

Biofeedback Training

Biofeedback training has been used most effectively with tension, headaches, migraine headaches, and muscle retraining

following strokes or spinal cord injuries (Olton and Noonberg, 1980). Biofeedback has not been more effective than alternative procedures for hypertension, but it is often employed as one component of a multicomponent treatment. In order that individuals can practice coping with stress even when they are not attached to biofeedback equipment, biofeedback is usually combined with other techniques, such as relaxation training.

Biofeedback can also be used to provide people with information about what aspects of their lives are stressful. In one program, for example, hypertensives were given blood-pressure of their lives. From hearing the machine beep whenever they began to discuss their marriages or jobs or whatever, they learned what areas of their lives were causing their stress problems. This feedback gave them the information needed to help them lower their blood pressure (Lynch et al 1982).

Predictability and Control

Two variables that seem to be particularly important in stress reactions are the predictability of the stressful stimulus and the individual's control over the stimulus.

As research has shown, predicatable stimuli are less stressful than unpredictable stimuli. This principle was born out during London blitz of world war II. The Londoners, we were

bombed with great regularity, experienced very few serious stress reactions, whereas the people in the countryside, who were bombed for less frequently but unpredictability, often shows severe anxiety (Vernon 1941). That predictability can affect the conversion of stress into physical illness was shown in Jay Weiss's ulcer experiments with rats (1977), described earlier. As we noted, the ability of many of the "executive rats" to survive the experiment without ulceration was probably due not only to their control of the shock but also to its predictability- the fact that it was always preceded by a warning signal.

The Psychodynamic Perspective

The psychodynamic school was first to recognize that physical illness might be due to psychological difficulties. Traditionally psychodynamic theorists have referred to stress-related physical disorder as "organ neuroses" As the term suggests, psychodynamic theory regards these disorders as caused by the same mechanisms, and treatable by the same therapy, as the anxiety, somatoform and dissociative disorders.

Organ Neuroses

Like the anxiety, somatoform and other dissociative disorders, physical disorders such as asthma, hypertension, and ulcer are regarded by psychodynamic theorists as stemming from

disturbances that psychosexual development-disturbances that generate conflicts in the unconscious. And according to psychodynamic theory, these physical symptoms serve the same function as defense mechanisms: they keep the nature of the underlying conflict from reaching the level of consciousness.

Personality Theories

A recent theme in the study of stress-related physical disorders has been the effort to link specific disorders with specific personality types-A psychodynamic approach, historically or specific attitudes towards life is there a typical migraine, hypertensive, or ulcer "personality"? For example, Dunbar (1935), on the basis of interviews with patients, sketched a number of such personality portraits. Eczema sufferers were self-punitive, frustrated, helpless, and hungry for affections; they were the children of conscientious but emotionally distant parents.

Nevertheless, the search for traits and attitudes that might predispose people toward specific disorders continues. An example is the book 'Type A behavior and your Heart' (1974), by Friedman and Rosenman. The thesis of this book is that hypertension, along with other cardiovascular disorders, tends to strike a specific kind of personality which they call Type A. Type A people are aggressive achievers. They talk, walk and eat rapidly, and are highly impatient. They fidget in frustration if kept waiting by a traffic or an elevator.

They finish other people's sentences for them. They pride themselves on getting things done in less time than other people, and they measure their own performance by rigorous standards. In short, they keep themselves under unremitting pressure- Pressure that eventually takes its toll in their cardiovascular systems.

The Sociocultural Perspective

Society that may contribute to stress-related disorders is the disruption of marriage and the family. The people who live without regular social support, are depriving themselves of potent protection against illness. There is considerable evidence that social support helps people to recover from injury and disease (Meyerowitz, 1980; Silver and Wortman, 1980, Sklar and Anisman 1981). There is even more evidence that disease. Among the leading causes of premature death in our society are heart disease, cancer, strokes, cirrhosis of the liver, hypertension and pneumonia. For every one of these disorders without exception, premature death rates are significantly higher in the unmarried than in the married for both men and women. In the case of heart disease our society's major killer, the death rate, depending on a group, is anywhere from two to five times higher among the divorced, the single, and the widowed than among the married (Lynch, 1977). High percentage of cancer patients whose diagnosis had followed soon after the loss of an important relationship.

The Neuroscience Perspective

As we noted earlier, disorders such as ulcer, asthma and hypertension are probably due not to stress alone but to stress operating on bodies that are predisposed to these disorders by certain variations in their functioning. The effort of biological researches has been to identify those variations-

Somatic Weakness

According to the theory of somatic weakness, psychophysiological complaint is most likely to develop in a person's weakest or most vulnerable organ system. This theory, then, focuses on stage 3 of the disregulation model. Consider, for example, a person with a strong digestive system, an average vascular system, and a weak respiratory system. Severe stress of any kind would be likely to have a damaging effect on the respiratory system, possibly in the form of asthma.

The Concept of Coping : An Overview

A close perusal of literature reveals that 'coping' has been viewed in diverse ways. Dewe, Guest and Williams (1979) consider coping as an attempt to remove the feeling of discomfort. White (1974) defined coping as the process which involves efforts towards solution of problems. It occurs when a person faces a threatening or dynamic change or problem that defies known or usual ways of

behaviour and might give rise to anxiety, guilt, grief and shame. and again forms the necessity for adaptation.

McGrath (1970) has viewed coping as the covert and overt behaviour by which the organism actively prevents, removes or circumvents stress inducing circumstances. Schregardus (1976) proposed two major styles of coping namely repression and sensitization. He also found that patterns of defensive style were related to the perception and experiences of stress and to subsequent patterns of coping and adjustment.

Pearlin and Schooler (1978) have suggested that "coping responses are the behaviors, cognitions and perceptions in which people engage when actually contending with their life problems. Coping responses represent some of the things the people do. their concrete efforts to deal with the life strains they encounter in their different roles". Responses that are directed at modification of the stressful situations are the most direct ways to cope with strain because they tend to eliminate the source of stress itself. Pearlin and Schooler (1978) found that this is not a commonly used mode of coping. Before the onset of action which is directed at the modification of stressful environment the person must recognize the problem. The action intended to modify a situation may at times lead to other unwanted outcomes. Thus at times a person is

rendered helpless in dealing with action oriented coping. According to them coping refers to behaviour that protects people from being psychologically harmed by problematic experiences. They have indentified three protective functions of coping behaviour i.e. by eliminating or modifying the conditions that give rise to the problematic situation. by perceiving the meaning of experience in such a manner that it neutraizes its problematic character and by keeping the emotional consequences under control.

Irving (1977) has presented a descriptive typology of distinctive patterns of coping that included vigilance, hypervigilance and defensive avoidance. On the otherhand, Robbins (1978) has identified seven patterns of coping viz. seeking social. dysfunctional behaviour, narcotizing anxiety. problem solving. reliance on professionals: bearing with discomfort. and escape. In recent years attention has been given to coping with stressful events of day- to- day life. Broadly. three major aproaches to measurement of coping can be identified i.e.. coping in terms of ego processes (Hann. 1977: Valliant. 1977). coping as traits and coping as situation specific response.

According to Silver and Wortman (1980) coping refers to any and all responses made by an individual who encounters a potentially harmful situation. In addition to emotional reactions (e.g. anger. depression) and psychological responses (e.g. nausea. insomnia etc.)

as types of coping mechanisms. However, most theorists restrict the term coping to efforts made by an individual in problem solving, in order to master, control or overcome threatening situations.

The controversy regarding treatment of coping as a trait or situation specific effort is yet unresolved. The complexity of coping cannot be captured through unidimensional measure. Lazarus and Folkman (1984) assert that coping is a shifting process where a person must at certain stages and certain times rely more on one form of coping (e.g. defensive strategies) and at other times on another form of coping (e.g. problem solving) as and when the status of the situation changes. Trait measures assume that people are behaviourally and cognitively consistent in their coping behaviour across situations. Cohen and Lazarus (1973) assert that trait measures are poor predictors of coping. Situation oriented research focuses on how people endeavour to cope with specific stressful situations (Visotsky et al. 1961; Weisman & Worden. 1976).

A critical and important distinction between the trait oriented and the process-oriented approaches lies in the importance attached to the psychological and the environmental context in which coping takes place. The trait approach assumes that coping is mainly a property of the person and variation in stressful situations is of not much significance. In contrast, process oriented approach assumes

that coping is a response to the psychological and environmental demand of specific stressful encounters.

The most comprehensive approach to coping has been developed by Lazarus and his associates over a number of years (1966, Delongis. 1983; Folkman. 1984; Kanner & Folkman, 1980). It utilizes the transactional framework in which person and environment are seen in terms of a continuous ongoing relationship of actions which are reciprocal in nature. These psychologists have argued that appraisal and coping processes mediate this transactional relationship.

Appraisal is considered as the cognitive process through which an event is evaluated as to whether the event is relevant to his/her well being and in what ways. Coping responses are made after the appraisal of the stress episode. Also, appraisal and coping continuously affect the influence each other throughout a given encounter. Coping, as Folkman and Lazarus (1980) have defined, is the cognitive and behavioural effort made to master, tolerate or reduce external demands and conflicts. Coping, according to them, serves two main purposes, the management, change or modification of the source of the stress (problem-focused coping) and the alternation and control of stressful emotions (emotion-focused coping). These forms of coping were found in more than ninety-five percent of the stressful encounters reported by middle aged men and

women and college students (Folkman & Lazarus, 1980). Also, the episodes involving people at work generated more problem focused coping in comparison to the episodes which involved family members. The context of the episode (e.g. work, family, health related) also influenced the use and outcome of coping mechanism employed. For instance, work was found to be related to higher levels of problem focused coping, whereas health was related to emotion focused coping.

The empirical study of coping with stresses has drawn the attention of Indian researchers only recently. In a study of examination stress Caplan, Naidu and Tripathi (1984) examined the relationship of coping and defence with affective outcomes. Working within the framework of person-environment (P-E) fit model. they found that defence-like measures were associated only with poor objective fit. The measures of coping-like responses were associated with current subjective fit. These effects, however were weak. The effects of coping and defense, as indicators of being ill were generally stronger. The defenses were associated positively with the negative affects and somatic complaints whereas the coping-like measures were associated positively with positive affect. They also noted that defenses moderated the relationship between fit and being ill. They found that prayer, unlike withdrawal, appears to buffer the

effects of poor-fit on being ill. The measure of coping used in this study included diagnosis and mobilization and the measure of defense included resignation, aggression, withdrawal, prayer and cognitive change. Due to methodological limitations, this study as "likely to yield conservative estimates of the effects of situation specific coping and defense on poor fit and ill being" (Caplan, et al. 1984)

Sinha and Misra (1983) have studied the coping strategies of underprivileged university entrants. They noted that the disadvantaged students used conformity feeling of inadequacy, withdrawal and ignoring the situation as coping strategies more than the advantaged students. They also noted that there were some ecological differences in the use of coping strategies. It was found that the urban students adopted affirmation and evidenced successful acceptance in the university stream to significantly greater extend than their rural counterparts. The rural urban group did not differ significantly from other groups in most of the strategies except feeling of inadequacy and withdrawal which were in greater magnitude than the urban group. Conformity or changing with the situation was employed by rural students more than the urban students.

Misra and Ganguly (1984) have investigated coping with stresses resulting from cultural transition among a group of African

students studying in India. They found that the students with high psycho-social competence used more problem focused coping and less amount of wishful thinking and self-blame than their low competent counterparts. In addition, they showed greater amount of positive affect, positive self-perception and less amount of somatic complaints and negative affect than low competence students. The relationship of coping strategies with health measures also differed for the two groups.

Singh and Pandey (1985) examined coping with problems in economic, family, personal and social aspects of life in a sample of university students. Using an open ended measure they identified five dimensions of coping namely appraisal-focused coping, emotion-focused coping, problem-focused coping, secondary coping and collective coping. The use of coping dimensions varied with nature of problems faced by the individual.

Another important study of coping has been reported by Singh (1990) in relation to the stresses of executives. This study employed a measure of coping strategies involving four factors, namely-active problem solving, non-directional work approach, constructive deferred problem solving, and information seeking. He found that the high level executives experienced lesser stress and strain, utilized coping strategies, and enjoyed more positive outcomes. Also, a combination

of coping strategies forming a condition of passive coping strategy was related to high stress condition.

The significance of social manipulation along with fatalistic coping and religion are culturally relevant coping strategies. Pandey (1981) has indicated that ingratiation is a positively valued and expected behaviour in Indian society. He has attributed it to the large scale acceptance of feudal and hierarchical structure in Indian society. The studies of Tripathi (1981) also indicate frequent use of manipulation as one of the prevalent modes of social influence in Indian socio-cultural setting. The present results showed that this strategy was associated with other strategies irrespective of the fact whether they are problem focused or emotion focused. Social manipulation was positively associated with the strategies like affective regulation, emotional discharge and tension reduction. The strategies termed as rational effort, situation redefinition, problem solving, logical analysis and appraisal focused coping, with minor variations, went together. It was also observed that emotion discharge and tension reduction were not independent but related to other strategies.

It appears that the use of mixed form of coping in which problem focused and emotion focused coping strategies is the dominant mode. This situation might be due to the "encompassing

system (prevailing in India) where logically opposites peacefully co-exist... and where actions do not necessarily follow thoughts and emotions, nor they confront with each other. Instead they are balanced and accommodated. Such a composite frame", as J.B.P. Sinha (1982) has characterised, "is seemingly irrational and inconsistent. It is often slow in adaptation and generally inefficient from the purely rational point of view. And yet, it manifests a resilience which has more than counterbalanced its inner contradictions, and it follows a logic which is rooted in the Indian intra-psychic affective cognitive structures which reflect the configuration of the Indian social-institutions, the Hindu religious-philosophical thinking, and the present socio-economic realities.

The linkage between effort and goals, as J.B.P. Sinha (1982), has indicated "is believed to be dependent on the interaction of some superior order power or supernatural forces to which a person tends to be devotionally committed". This partly explains the close ties between religion and fatalistic coping and other problem focused coping strategies. Commenting on the strong need for power, J.B.P. Sinha (1982) has conjectured some interesting culture specific strategies. He argues that "a superior with power and status might feel a need to brag and to make his power and influence more visible and legitimate. Overt and exaggerated self-appreciation is

accompanied with strong demands for loyalty and compliance from the dependents”.

The findings implicate that individuals from higher socio-economic groups tend to utilize more adaptive forms of coping than the low socio-economic status individuals. This trend is consonant with the findings reported by Haan (1977), Pearlin and Schooler (1978) and Billings and Moos (1981). However, the role of type of stressful event and psychological and social resources cannot be ignored. It appears that the experience of control and support lead to the use of active behavioural coping and active cognitive coping: while lack of these resources results in adopting avoidance strategies. Finally, it is also important to note that at least for the relatively higher income group people type of stress is not significant while using active behavioural coping strategy and partly active cognitive coping strategy. The avoidance strategy on the other hand, was importantly related to the type of stress.

iii) Objective of the present study :-

Following are the objective of the present study-

1. To study the significant difference of attitude towards ageing between male and female elders.
2. To study the significant difference of attitude towards ageing

between elders and senior elders.

3. To study the significant difference of attitude towards ageing among good, average and poor adjusted elders.
4. To study the significant difference of attitude towards ageing among different psychological states related elders.
5. To study the significant difference of attitude towards ageing among good, average and poor coping strategies related elders.
6. To study the significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
7. To study the significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.
 - 7.01. To study the significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.
 - 7.02. To study the significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.
 - 7.03. To study the significant effect of gender (male & female) and social adjustment (good, average & poor)

on attitude towards ageing.

7.04. To study the significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.

7.05. To study the significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.

7.06. To study the significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.

8. To study the significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.

8.01 To study the significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.

8.02. To study the significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.

8.03 To study the significant effect of gender (male & female) and depression state (high, average & low) on

attitude towards ageing.

8.04 To study the significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.

8.05 To study the significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.

8.06 To study the significant effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing.

8.07 To study the significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing.

8.08 To study the significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. To study the significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

10. To study the significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good,

average & poor) on attitude towards ageing.

10.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing.

10.03 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing.

10.04 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

10.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing.

10.06 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing.

11. To study the significant effect of gender (male & female) and types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

11.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing.

11.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.

11.03 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing.

11.04 To study the significant effect of gender (male &

female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.

11.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.

11.06 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing.

11.07 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing.

11.08 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing.

12. To study the significant effect of gender (male & female),

types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

iv) Hypothesis of the present study :-

Following null hypothesis have been formulated in the light of above objecties-

1. There is no significant difference of attitude towards ageing between male and female elders.
2. There is no significant difference of attitude towards ageing between elders and senior elders.
3. There is no significant difference of attitude towards ageing among good, average and poor adjusted elders.
4. There is no significant difference of attitude towards ageing among different psychological states related elders.
5. There is no significant difference of attitude towards ageing among good, average and poor coping strategies related elders.
6. There is no significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
7. There is no significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.

- 7.01. There is no significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.
- 7.02. There is no significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.
- 7.03. There is no significant effect of gender (male & female) and social adjustment (good, average & poor) on attitude towards ageing.
- 7.04. There is no significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.
- 7.05. There is no significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.
- 7.06. There is no significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.
8. There is no significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.

- 8.01 There is no significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.
- 8.02. There is no significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.
- 8.03 There is no significant effect of gender (male & female) and depression state (high, average & low) on attitude towards ageing.
- 8.04 There is no significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.
- 8.05 There is no significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.
- 8.06 There is no significant effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing.
- 8.07 There is no significant effect of gender (male & female) and extroversion state (high, average & low) on attitude

towards ageing.

8.08 There is no significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. There is no significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

10. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

10.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing.

10.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and

social adjustment (good, average & poor) on attitude towards ageing.

10.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

10.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing.

10.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing.

11. There is no significant effect of gender (male & female) and types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

11.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards

ageing.

11.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.

11.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing.

11.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.

11.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.

11.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing.

11.07 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing.

11.08 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing.

12. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

V) Importance of the present Study.

Today, the more developed countries of the world have become the aged societies. The process of ageing of population has set in developing countries and if the United Nations Population Projections (1985) are any indication of the shape of things to come then, these countries will have a vast majority of the world's older persons at the turn of the century. In a recent study it was observed that the demographic transition to an older population structure is proceeding fast in many developing countries. By the year 2025, the porportion of elderly to the total population is projected to be more than 12 percent. In that year

nearly 71 percent of the world's elderly population are likely to be found living in the developing countries.

This global phenomenon also afflicts India. The process of population ageing in India is still in an early phase and is expected to gain momentum in the course of the next century. The period between 1951 and 1981, the aged population has doubled. According to the 1981 census, there were approximately 43 million persons who had attained the age of 60 or more. The estimates arrived at by the expert committee on population projection of the aged population in India in 1991 is 54.84 million. Since 1961 one has observed a steady increase in the proportion of old persons and the growth rate of the aged population (for both sexes) has always outstripped that of the rest of the population.

The ageing of the population has many profound social and economic implications. The process of ageing affects all social groups and indeed every type of social relationship, in all societies. It should be emphasised that the issues of population ageing are not related only to the elderly but are also related to other age sectors of the population. Furthermore, the problems of ageing are related to apart from the question of increasing cost of social security and medical care, education, labour force,

migration, level of human investment and stability of the family as an institution. With increasing awareness of ageing, the need to study its repercussions and assess various policy options and priorities is assuming great importance. In countries like India which contain diverse populations, the population explosion will no doubt worsen the problems of ageing.

Differential access to social and economic opportunities available to cultural, linguistic, religious, racial or ethnic groups is also likely to intensify competition and conflict among them. Such social tensions and conflicts would adversely affect the elderly who, in general are more vulnerable than younger persons to social and economic hardships.

The present study is an attempt to study the attitude towards ageing, stress, adjustment and coping strategies of older people. The present study would be valuable in policy and decision concerning ageing problems and fulfil the motto of the UNAssembly (1992) on ageing "Add life to years". It also includes efforts to enhance a sense of well being, quality of life and happy or successful ageing.

Chapter-2

Review of Related Studies

As behavioural scientists concerned with the psychosocial concomitants of aging than with the process of aging itself. Demographers have pointed out that as a result of demographic transition it is the turn of developing countries to follow suit of developed countries to experience the growth of an aging population. China and India, the most population growth till recently, are likely to be saddled with a large aged population in the coming decades. It is predicted that for India, the present 6.80 percent of the elderly may cross the 10 percent mark by the turn of the century. The average life expectation at birth would move into the 70s by 2025 AD from its present position at 61.50 (United Nations Report, 1992).

With the burgeoning of the elderly population becoming a global phenomenon, the United Nations declared 1982 as the year of the elderly. It convened the World Assembly on Aging at Geneva in the same year and came out strongly in favour of the welfare of the elderly as contained in the slogan "Add life to years". International research, particularly in the social sciences, was quick to follow suit by laying emphasis on social and behavioural science research to identify ways and means of making old age the best period of life. This trend is continuing (Ramamurti and Jamuna, 1992, 1995).

The Geriatric Society of India was founded in 1979 and the

multidisciplinary Association of Gerontology India (AGI), with headquarters at Banaras, came into being as an affiliate of the International Association of Gerontology (IAG) in 1982. A series of seminars and conferences were organised in the area of aging by many institutions to mark the International Year of the Elderly. A centre for Research on Aging was established at the Department of Psychology, S.V. University, it was probably the first centre to be wholly devoted to scientific research on the psychosocial aspects of aging with "Livelier Longevity" as its motto. Specialisation in the psychology of aging at the Master's level (from 1976) and PG Diploma in Aging (since 1994) are being offered by this department. A multidisciplinary study group on aging has also been set up.

From the early 1980s onwards the volume of research on aging in India swelled considerably. Several funding agencies- the DST, the ICMR, the UGC, the ICSSR, and the Department of Welfare, Government of India- considered "Gerontology" (Aging) as a thrust area. The UGC recognised the Department of Psychology, S.V. University, under the Special Assistance Programme for study on aging. Soon, gerontology in India came of age. A multitude of welfare organisations (more than 500 at present) were established to care for the elderly both in the government and nongovernment sectors (Khandpur, 1992). Residential homes and day care centres for the

elderly were set up in most towns, cities, and village (Khandpur, 1992; Nair, 1982). More than a score of books entirely devoted to the subject of aging have been published (Ramamurti and Jamuna, 1984, 1993, 1993). The International Federation on Aging (IFA) held its first Global Conference on Aging at Bombay and Pune in 1992. The Indian Council of Medical Research organised an Indo-UK workshop on public health implications of aging in 1993 which discussed several psychosocial problems of the elderly. (Ramachandran and Belashah, 1994).

One of the earliest trends in research is the study of the problems of the elderly and how they adjusted to these problems. Nearly 100 of such studies have appeared in the past (Bali, 1995; Ramamurti and Jamuna, 1984, 1987, 1993). These myriad studies have several common findings. Most of them highlight problems related to health, finance, frailty, interaction with adult children, social relationships, personal adjustment, personal care, leisure, future anticipation, and unfinished tasks. Several studies investigated the factors associated with adjustment in old age in a comprehensive manner.

Problems of Adjustment in Old Age

Aged people form higher socioeconomic status with spouse living (Eswaramoorthy, 1991; Jamuna, 1984, 1989, 1989, 1992, 1995; Jamuna and Ramamurti, 1988; Jamuna, Ramamurti, and Sudha Rani,

1994; Jamuna, Reddy, and Ramamurti, 1991; Ramamurti, 1989), from joint families (Achamamba, 1987; Jamuna, 1984; Ramamuriti, 1970, 1989), with positive attitudes toward aging (L.K. Reddy, 1984, 1990, Reddy and Ramamurti, 1988), noninstitutionalised (Anantharaman, 1980; Ramamurti and Jamuna, 1984, 1993) and low sensation seekers (Jamuna, 1987) had generally good adjustment (Anantharaman, 1979; Jamuna, 1994; Ramamurti, 1976, 1993; Ramamurti and Jamuna, 1984, 1993, 1993). Similarly personal, social, economic and financial problems of adjustment were highlighted in a large number of studies (e.g., Anand, 1995; Anantharaman, 1981; Asha and Subramanian, 1990; Behera, Parida, and Mohanty, 1991; Benerji, 1993; Biswas, 1987; Bhatia, 1964; Chadha, 1990; Chakravarty, 1993, 1995; Chandrika and Anantharaman, 1982; Eswaramoorthy, 1993; Gomathinayagam, 1987; Jamuna, 1984, 1987, 1988, 1989, 1992; Jamuna and Ramamurti, 1984, 1994; Jayasree, 1987; Joshi, 1971; Koteswaraiah and Ujjwalarani, 1994; Lakshminarayaman, 1991; Marula Siddaiah, 1966, 1970; Mohan, 1989; Muthayya, 1995; Nagpal and Chadha, 1991; Nair, 1972, 1980, Paintal, 1971, 1976, 1979; Pati and Jena, 1989; Paul, 1974; Prakash, 1979, 1991, 1994; Ramamurti, 1965, 1970, 1972, 1976, 1989, Ramamurti and Jamuna, 1984, 1987, 1993; Ranade, 1977; Rathore, 1991; L.K. Reddy, 1984, 1991; Saraswathi, 1987, 1993, 1993; Sen, 1971; Shabeen Ara, 1994; Singh and Verma, 1983; Singh, Sharma and

Singh, 1987; Soodan, 1963; Srivastav and Gupta, 1994; Suparna, Shane, and Chakravarti, 1993; Usha, 1993, 1994; Usha and Ramamurti, 1988; Ushasree and Sunanda, 1987; Vijayakumar, 1991, 1991). Some studies have highlighted the psychological symptoms consequential to menopause (Jamuna, 1984, 1987; Prakash, 1979; Prakash and Murthy, 1980, 1980, 1981, 1982). The menopausal group had more psychological health problems than the pre-or the postmenopausal groups (Jamuna, 1984, 1987, 1989; Prakash and Murthy, 1980, 1981).

Mental Health and Disability

Closely related to the problems of the elderly is their mental health which is affected by the unwelcome changes in old age-insecurity, loneliness, loss of status and power, and death anxiety (World Health Organisation, 1959). In some studies the elderly manifested depression, dementia, suicidal tendencies, and other psychogeriatric symptoms (Agarwal, Mohan and Jhingan, 1994; Bhardwaj, Sen, and Mathur, 1991; Jamuna, 1992; Jamuna, Reddy, and Ramamurti, 1991; Kohli, Banerjee, Verma, and Nehra, 1992; Kumari and Prakash, 1986; Mathur and Sen, 1989; Ochaney, 1986; Pati and Jena, 1989; Prakash, 1986, 1991; Prakash and Murthy, 1980, 1981; Ramachandran and Sarada, 1980; Ramchandran, Sarada, and Ramamurti, 1979, 1981; Ramamurti, 1989; Satyavathi and Murthy, 1979; Sen and Ochaney, 1986; Sinha, 1994; Upadhyay, 1960; Venkoba Rao, 1979, 1986, 1989,

1991; Verma, Kohli, Banerjee, and Nehra, 1992; Vinodh Kumar, 1994; Warty, 1988). Of particular interest is the report of the task force on aging of the ICMR lead by Dr. Venkoba Rao (Venkoba Rao, 1986, 1986, 1989, 1990, 1994). It was a good study of health care needs in rural areas (Venkoba Rao, 1990, 1994). Geriatric services are being provided to the elderly for more than a decade at the Geriatric Unit, Madras Medical College (MMC) under the associates at Bombay Hospital have carried out a series of studies on the medical problems of the elderly (Natrajan, 1987, 1990; Pathak, 1975, 1975, 1976, 1985). More recently a Geriatric out-patient counselling centre was established at the All India Institute of Medical Sciences (AIIMS), New Delhi, under the guidance of Dr. K. Vinodh Kumar and Dr. Khetarpal attached to the Department of Medicine.

A growing malady among the elderly (old-old) is the incidence of senile dementia. Recently, the National Association of Alzheimer's and Related Disorders Society of India (ARDSI), an affiliate of Alzheimer's Disease International, Chicago, with its headquarters at Kunnampalam, Kerala, was formed and several branches of the organisation are providing services to dementia victims. The World Health Organisation has also undertaken a survey on Alzheimer's and Related Disorders (ARD) in India as part of a multinational study under the guidance of Dr Copeland of the Institute of Human Aging,

University of Liverpool.

Nearly 2 to 4 per cent of the elderly population is afflicted by psychogeriatric disorders. It was reported that the prevalence rate of symptoms of dementia of varying degrees was 27 per 1000 in urban and 35 per 1000 in the rural population (Rajkumar, 1995). More geriatric services are needed, as the existing services are wholly inadequate (Biswas, 1988; Gore, 1981; Mehta, 1987; Venkoba Rao, 1990). As a preventive measure, considerable community education is required for ensuring the mental health of the middle aged and the elderly (Bansal and Sanjay, 1993; Rajkumar, 1994; Ramamurti, 1991, 1992, 1993, 1995; Venkoba Rao, 1994).

Medical facilities in rural areas need to be improved. At present there is no mental health programme for the elderly worth its name anywhere in India. The National Institutes of Mental Health (NIMH) should focus on this lacuna and take appropriate preventive measures to provide better mental health services for the elderly.

A major problem of aging is physical health. As age advances body immunity is lowered. Also wear and tear causes dysfunctions in organ systems. These poor health conditions threaten the individual with disability. Therefore, it is of prime importance that individuals take adequate care from the middle years to ensure good health in old age. Much of this depends upon a working knowledge of disease

conditions and hygienic practices that promote health. A study of knowledge, attitudes, and practices (KAP) with regard to health in old age revealed poor knowledge and practices though there was a desire to maintain good health (Attitude). Further, it was observed, that many elderly as well as individuals in other age groups were of the opinion that poor health is common in old age (L.K. Reddy, 1994, 1995), therefore it does not deserve special attention. The value of life in the elderly is not accorded the same importance as it is at the younger age levels. All these vitiate proper health care for the elderly. An ICMR study of these aspects has been undertaken (Ramamurti, 1995). Some studies also examined the correlates of physical health (Anantharaman, 1990; Guha Roy, 1994; Jamuna, 1992; Ramamurti, 1989; Ramamurti and Jamuna, 1992, R.R. Singh, 1994; Vinodh kumar, 1994).

For many people, old age is synonymous with disease and disability. Weakness and disability which are concomitants of old age need to be handled both at the physical and psychological levels. A balanced diet that takes care of bodily requirements in terms of Recommended Daily Allowances (RDA) in old age coupled with optimal and judicious exercise could partly alleviate the general weakness and malaise and lend to a feeling of general well-being (Ramamurti, 1989; Ramamurti and Jamuna, 1990, 1990; Ramamurti, Jamuna, and Reddy, 1992).

According to an English adage, **so you think, so you are!**".

Despite the actual physical condition, how a person feels or perceives his condition is important, in this sense, the self-perception of one's health status is a determinant of well-being (Anantharaman, 1980; Jamuna, 1994; Ramamurti, 1989, 1989, 1991, 1992; Ramamurti and Jamuna 1990, 1992, 1993; Ramamurti, Jamuna, and Reddy, 1993, 1994). In the same manner, even if a person is disabled more than the disability itself how an individual perceives his disability is critical and a positive disposition towards one's condition greatly reduces the misery that may accrue from one's disability (Ramamurti, 1995; Ramamurti, Jamuna, and Reddy, 1993, 1994).

Life Satisfaction and its correlates

Closely related to mental health and influencing it, is now an individual perceives his own life and the degree of satisfaction with regard to both the past and the present, Early studies on life satisfaction appeared in the late 1960s and the early 1970s (Ramamurti, 1968, 1970, 1972). In recent years life satisfaction has not only been studied as a significant aspect of the well-being of the elderly, but also in terms of the factors determining it (Anuradha and Prakash, 1991; Bhardwaj, Sen, and Mathur, 1991; Chadha, 1991; Chadha, Aggarwal, and Mangla, 1992; Godhavari, Madhumathi and Sunil Kumar, 1991; Jamuna and Ramamurti, 1988; Jayasree, 1987; Nagpal and

Chadha, 1991; Pinto, 1995; Pinto and Prakash, 1991; Ramamurti, 1989, 1990, 1991; Ramamurti and Jamuna, 1984, 1990, 1992, 1993, 1993; Ramamurti, Jamuna, and Reddy, 1994, 1994; Sunanda, 1990; Usha and Ramamurti, 1988). These studies highlighted that satisfaction with the past and the present life is a very important variable that contributes to successful aging (Ramamurti, 1987, 1989, 1989, 1991; Ramamurti and Jamuna, 1993).

Life satisfaction gives meaning to one's life and combined with a life review (Dave, 1994; Pinto, 1995; Ramamurti, Jamuna, and Reddy, 1994), it can be a source of a feeling of self-worth. In the Indian context most of the elderly review their past life in terms of completion of their personal, familial, and social obligations and those who believe that they have done justice to their obligations experience a sense of fulfilment in consonance with the self-fulfilment theory of Butler (1968). Life satisfaction promotes mental health. The variables of creativity, ego-Integrity, autonomy, and altruistic behaviour contribute to life satisfaction (Ramamurti, 1991, 1992, 1995; Ramamurti and Jamuna, 1992, 1993, 1993; Ramamurti et al., 1993, 1994).

Retirement and its effect

In a developing country like India, where an occupation or job provides the wherewithal to eke out a livelihood, it becomes a significant aspect of the person's self. The job gives an identity to an

individual and retirement could mean loss of that identity. Many people in India depend on their job for survival. The loss of the job through retirement can be a traumatic event. Studies indicate that many people develop pre-retirement anxiety and worry (Ramamurti, 1968, 1976, 1978, 1995; Ramamurti et al., 1993) which may lead to considerable maladjustment (Bhatia, 1983; Chadha and Eswaramoorthy, 1993; Chattopadhyay, 1987; Chakravarty, 1992, 1995; Das, 1991; Desai and Naik, 1970; Dhillon, 1992; Hussain and Singh, 1994; Lakshminarayanan, 1991; Menachery, 1985, 1987; Menon, 1980; Nalini, 1993; Raghani and Singh, 1970; Ramamurti, 1965, 1976, 1982, 1993, 1995; Ramamurti and Jamuna, 1984, 1993; Ramamurti, Jamuna and Reddy, 1993; Reddy and Usharani, 1989-90; Renu and Chadha, 1994; S. Saraswathi, 1991; Sati, 1988; Savitha and Dak, 1993; M.K. Singh, 1992; Swaminathan, 1978).

Many people in India as well as in the west are fully fit to continue to work beyond the age of mandatory retirement (Baltes, 1989; Baltes and Lindenberger, 1988; Birren, 1985; Ramamurti, 1978, 1989, 1995). It may be unjust to forcefully retire them at a predetermined age without considering their functional capabilities (Ramamurti, 1982, 1989, 1991, 1992, 1995, 1995; Ramamurti, Jamuna, and Reddy, 1993).

Index of Aging and work Efficiency

Considerable work has been done in the west on how to index aging changes which can be used to assess the work efficiency of an individual at a given time (Birren, 1964). There is, however, no consensus on a universal concept of a simple index of aging. No doubt there is a decline in abilities with age but most old people compensate for this loss by certain skills which they have acquired through their long years of experience (Baltes, 1989; Birren, 1985; Ramamurti, 1990). The time and money spent on years of human resource training age not fully utilised when there is mandatory retirement (Das, 1991; Imam, 1970; Mohankumar, 1991; Ramamurti, 1982, 1989, 1991; Ramamurti et al., 1992, 1992; Srivastava and Aswathappa, 1994).

Recently there has been a debate on productive aging and the utilisation of the experienced elderly manpower for national development. There can be no two views on the utility of using the dormant manpower of the elderly to the benefit of the community and raise the GNP of the country (Ramamurti, 1982, 1991). However, little has been done in this regard. There is a need for well planned studies on assessment of decline in abilities with age and factors that contribute to it in the Indian context (Ramamurti, 1989, 1990, 1994). This is a grey area which needs to be researched (Ramamurti, 1994; Ramamurti and Jamuna, 1993, 1993, 1995).

An index of aging of abilities can only be with reference to one's own peak of capability attained in the early years. The decline can be expressed as a proportion of this maximum performance then and performance now (Ramamurti, 1989; Ramamurti et al., 1993). The index of aging with regard to the ability in question can be calculated thus:

$$\text{Index of Aging (A)} = \frac{\text{Present Performance Score (PPS)}}{\text{Maximum Past Performance Score (MPPS)}} - 1$$

Cognitive Aspects

There is a paucity of cognitive studies of aging in India (Ramamurti and Jamuna, 1984, 1993, 1993, 1995). However, in the past a few tests of memory and cognitive functioning have been adapted (Pershad and Wig, 1977; Prabha, 1975; Ramamurti and Jamuna, 1984, 1993). Using these tests, some studies have reported a general decline in cognitive functioning in later years (Anuradha, Anita, and Verma, 1991; Dube, 1994; Kohli et al., 1992; Persahd, 1979; Pershad and Wig, 1977; Ramamurti, 1978a; Sharma, Bansal, and Bhatt, 1992). Tests of intelligence largely standardised on younger populations have been found to be unsuitable for use with the elderly (Ramamurti, 1990). A cross-sequential study of cognitive changes in the older years was undertaken at the Department of Psychology, SV University but the results are yet to be reported (Ramamurti and Jamuna, 1994).

Roles, Activity, And Disengagement

Consequent on a number of changes in the physical, occupational, behavioural, and social spheres that old age brings, several roles (parenting, worker, etc.) are lost or restricted and new roles (grandparenting) have to be learnt. The extent to which an individual adjusts to the loss of old roles and learns to play new roles determines his satisfaction and mental health (Avinash and Aswathappa, 1991; Prakash, 1987; Ramamurti, 1972, 1976). A person's psychological well-being also depends on the amount of role utilisation and role satisfaction (Anantharaman, 1979; Ramamurti, 1972; Subramanian, 1989). Role activity and role involvement were found to be related to good adjustment (Jamuna, 1984, 1988, 1989, 1994; Paintal, 1976; Usha, 1991).

Speaking of roles Manu in his "Ashrama Dharma" (Manu, 1932) suggested Vanaprasthashrama and Sanyasashrama as suitable for the older years. Upon completion of Grihastha Dharma an individual enters into Vanaprastha in early old age. During this period though he is with his family and friends, he cultivates emotional detachment and reduces ego involvement. It is a sort of gradual disengagement and a preparation for Sanyasa or total detachment and renunciation that is to follow (Ramamurti, 1978). Cumming and Henry (1961) proposed a theory of disengagement wherein the individual and society mutually

disengage from each other. This sort of disengagement is normative and occurs in most people. Contrasted to this is the activity view that suggests an active old age as a way of keeping mentally fit (Anantharaman, 1970, 1979; Jamuna, 1988; 1994; Paintal, 1976; Ramamurti, 1972, 1976). Much can be said in support of both views but finally it is the individuals' lifestyle that may actually determine his choice and make him happy (Anantharaman, 1979; Jamuna, 1984; Pal and Sharma, 1985; Paintal, 1979, 1991; Ramamurti, 1972, 1976, 1991, 1992; Vatuk, 1980). There are several patterns of successful aging (Havighurst, 1963; Maddox, 1968; Paintal, 1976, 1991; Ramamurti, 1978).

Personality

An important factor that determines an individual's adjustment in old age is his personality characteristics. Personality can be viewed as an aggregate of an individual's dispositions, habits, and styles of functioning. Whether personality characteristics are stable over the later part of the life span is a much debated issue. Longitudinal studies tracking an individual's personality characteristics over the later years need to be undertaken to answer this question. A few such studies have been carried out in the west; these studies do not report any significant change over the later years in many aspects of personality (Conley, 1984; Costa and McCrae, 1988; Moss and Susman, 1980;

Neugarten, 1972; Neugarten, Crolty, and Tobin, 1964; Schaie and Parham, 1976; Schmitz-Scherzer and Thomae, 1983; Siegler, George, and Okun, 1978; Woodruff and Birren, 1972). There are no Indian studies, especially of a longitudinal or sequential type, to corroborate these findings (Ramamurti and Jamuna, 1984, 1987, 1993, 1995).

Self-concept, considered as a dimension of personality, may show some changes during the later years. It has been well documented that the onset of old age brings about several changes that are not acceptable to the individual which affects his self-perception (Anantharaman, 1981; Chadha, 1991; Dhillon, 1992; Jamuna, 1984, 1985, 1989; Jamuna and Reddy, 1993; Paintal, 1992; Ramamurti, 1989c; Shanmugam, 1970). Aspects of self-perception include self-perception (acceptance) of aging changes and self-perception of health and disability (Jamuna, 1994; Ramamurti, 1989, 1990; Ramamurti and Jamuna, 1990, 1992, 1993; Ramamurti et al., 1994). Self-acceptance as an aspect of the self-concept has been investigated in the Indian context. Findings indicate that many individuals do not accept aging changes (Jamuna, 1989; Ramamurti, 1989, 1990). To the extent an individual accepts these changes as normal it contributes to satisfaction (Jamuna, 1989, 1994; Ramamurti, 1989, 1989, 1989, 1991, 1992; Ramamurti and Jamuna, 1992; Sunanda, 1990) and is regarded as a sign of well-being in old age (Ramamurti and Jamuna, 1992).

Another aspect of an individual's personality which has significance for old age is locus of control. Many western studies indicate that those with internal locus of control do better than those with external locus of control (Baltes and Baltes, 1986; Felton and Kahana, 1974; Wolk, 1970). The Indian studies have reported inconsistent findings (Jamuna, 1989; Jamuna and Ramamurti, 1988; Ramamurti, 1989, 1992, 1992; Ramamurti and Jamuna, 1992, 1993, 1993; Ushasree, 1991). One view argues that belief in fate is the ultimate determiner of events which enables the elderly to accept things that they are unable to change. Thus, belief in Karma as a variant of external locus of control appears to be an important determiner of adjustment in old age (Jamuna, 1994; Ramamurti, 1989; Ramammurti and Jamuna, 1992, 1993, 1993, 1994).

Rigidity

One of the characteristics of an individual's personality is his position on the rigidity-flexibility dimension. Rigidity is considered as an aspect of personality (Schaie, 1955). Most persons obtain higher rigidity scores with the onset of middle age and this affects their adjustment in old age (Ramamurti, 1968, 1970, 1970, 1975, 1976, 1982; Ramamurti and Gnanakannan, 1972). In a study on markers of successful aging it was observed that rigidity is one of the psychological markers of aging (Jamuna, 1994; Ramamurti, 1982,

1987, 1989; 1989, 1992, 1995; Ramamurti and Jamuna, 1992; Ramamurti et al., 1992).

The period of adulthood and middle age that precedes old age is a long one compared to childhood, adolescence, and youth. During this period of adulthood and middle age, the individual appears to be somewhat settled, having secured a job, got married, reared children, managing his family, etc. Life is more or less a routine affair with little change. This state of affairs continues until retirement and old age set in demanding several changes in habits. The more the individual settles down and gets set in his routine during adulthood, the more difficult it becomes to change his habits consequent on retirement and aging. Often feelings of insecurity, being unsure of how and what to do, and hesitancy in risk taking may add to the rigid behaviour of the elderly (Ramamurti, 1978; Ramamurti and Jamuna, 1984, 1992).

Frustration, Stress, and Coping

Frustration is a part of life. Old age too has its share of frustration. In the older years there are many things an individual cannot do which he could do with ease in his youth. This growing incapacity results in frustration. Added to this, there are normal day-to-day frustrations which are a part of life. An ICSSR funded study of sources of frustration and resources of frustrations were economic, health, family and social aspects. Persons who reacted to frustration

exhibited a predominance of extragression of the obstacle dominance type among the old-old than among the young-old (Sunanda, 1990; Ushasree, 1992, 1994).

In another study it was observed that the person's locus of control and personality make-up determined his reactions to frustration (Ushasree, 1991). Dhillon (1992) reported that the use of aggression as a strategy of coping with frustration decreased with age, particularly among people above 60 years of age. Elderly women resorted to resignation and aggression as modes of coping with frustration less than men.

The awareness that a person is aging can be a source of unhappiness. The onset of old age heralds life's last stage and is viewed as an indication that the end of life is drawing near. This perception of threat can be a major source of anxiety and stress. In other words, the perception of the process of aging itself can cause stress (Ramamurti, 1989, 1994). Added to this, there is increasing incapacity, weakness, and consequent depression. Indian studies on aging viewed old age as stress. These studies revealed that many individuals experienced stress with the onset of old age (Ramamurti, 1989, 1994). Stress may not only be due to aging itself but may also be due to various conditions associated with aging (Ramamurti, 1989, 1994; B.K.K. Reddy, 1989; Reddy and Ramamurti, 1990, 1992) Such

as loss of a job, reduced income, declining health, and stresses and strains in interaction with family members.

In the case of employees, including executives, stress could be both on the job and off the job (Avinash and Aswathappa, 1991; Reddy, 1990, V.S. Reddy and Ramamurti, 1987, 1989, 1991, 1992). As these conditions are attendant on aging and are unique to the aging individual they should be perceived as stress caused by aging (Ramamurti, 1989, 1994; Srivastava and Gupta, 1994). These stress effects sometimes manifest themselves in the form of psychosomatic conditions and contribute to ischemic heart disease (Jamuna and Sujatha, 1984; Ramamurti, Jamuna, and Sujatha, 1984).

People adopt different methods of coping which are termed as styles of coping. Some of the frequently used coping styles in the case of the Indian elderly are problem-focused and cognitive appraisal-focused coping strategies. Emotion focused coping strategies are less frequently used and are more common among less successful individuals. The main sources of stress among the rural elderly are financial, health, and family relationships. The methods of coping used by the rural elderly are cognitive appraisal-focused coping strategies (Reddy and Ramamurti, 1990, 1992). In view of the large number of problems faced by the elderly, it would be worthwhile to design

interventions to train the elderly to develop their own resources in meeting these problems squarely. Training modules can be organised for individuals on the verge of old age on how to effectively deal with the problems of aging (Jamuna and Ramamurti, 1993; Jamuna, Reddy, and Ramamurti, 1991; Ramamurti, 1989, 1989, 1991, 1991, 1992, 1993, 1994, 1995, 1995, 1995; Ramamurti and Jamuna, 1992, 1995; Ramamurti et al., 1992).

Many elderly may not appear to be sufficiently motivated to develop new coping strategies. Motivating the elderly to improve their own resources should be part of every training programme or intervention directed at the elderly. If the elderly are sufficiently motivated, they would be able to successfully utilise effective coping strategies (Jamuna and Ramamurti, 1989; Srivastava and Aswathappa, 1994).

An important aspect of coping with old age is an individual's perception of the process of aging in terms of its acceptance or rejection and his perception of other's appraisal of his aging. Research has consistently shown that self-perception of aging and the level of acceptance of aging changes determine an individual's approach to coping with old age. Individuals who view aging as a normal developmental process find it easier to accept it themselves and thus cope better than those who do not accept aging and fight against it

(Ramamurti, 1989, 1989, 1989, 1990, 1991, 1992, 1995, 1995; Ramamurti and Jamuna, 1990, 1992). The acceptance of aging as a normal process reduces their sensitivity to other's negative appraisal of their own aging (Jamuna, 1989, 1994; Ramamurti, 1989; Sunanda, 1990).

The acceptance of aging changes as normal does not imply that an individual should not be concerned about his appearance and should be uncouth and shabbily dressed. A certain amount of grooming is essential since perception plays a significant role in interactions. Therefore, good personal grooming and observance of hygiene within the limits made possible by the aging process enhance one's self-confidence which in turn leads to a positive appraisal by others. Providing education to the elderly is important as it enables them to develop efficient coping strategies. Such interventions pay rich dividends (Ramamurti, 1995, 1995; Ramamurti and Jamuna, 1992; Ramamurti et al., 1992).

Caring Issues

In old age and particularly among the old-old there is a feeling of loss of gusto and energy, and a dwindling of financial assets and incomes. Such a situation leads to insecurity and dependency. The elderly tend to lean on another person to care for them. As there are cultural sanctions favouring older persons' dependency on their

children they look to their adult children to care for them. In most of the oriental cultures parents beget and rear their children with the fond hope that they would care for them in their old age. Thus, parents value their children as caregivers (Dak, 1991; Gangrade, 1988, 1994; Jamuna, 1990, 1995; Jamuna and Ramamurti, 1994; Jamuna, Reddy, and Ramamurti, 1991; Ramamurti, 1992, 1992, 1994, 1995; Ramamurti and Jamuna, 1986, 1992; Ramamurti et al., 1992; P.J. Reddy, 1989, 1989-90; Reddy and Usharani, 1991, 1995, 1995).

Industrialisation, modernisation, urbanisation, and consequent migration are rapidly changing the family structure and interpersonal attitudes of the family members. Investigations have revealed a host of factors in the family set-up that militate against the traditional care of the elderly by their adult children. Migration of children in search of higher education and jobs is a growing phenomenon. This, coupled with the reluctance of the elders to leave their familiar habitats and cope with the restraints of living with their migrant children in urban areas where accommodation is scarce, have made it difficult for children to keep their parents with them.

The need for additional income in the family and vocational aspirations of women have brought in compulsions of a dual career resulting in the absence of continuous caring facilities at home for the elderly. These sociopsychological realities seem to set at nought the

social presses and other norms of elder care (Bali, 1994, 1994; Bhatia, 1964; Biswas, 1986; Gangrade, 1994; Jamuna, 1990, 1992, 1994, 1995, 1995; Jamuna and Ramamurti, 1994; Jamuna et al. 1991; Kumar, 1914; Prakash, 1991; Ramamurti et al., 1992, 1992; Reddy, 1989-90; Singh, 1994; Suresh and Mascarenhas, 1994).

Psychologically caregiving is a delicate dyadic interpersonal relationship between the caregiver and the care receiver. The quality of any dyadic interpersonal relationship would depend, among other things, on the interperceptions between them and a balance between the perceptions of needs of the two individuals which are sought to be satisfied through the interaction. Since most of the caregivers of the elderly in Indian families are spouses (if living) or daughters-in-law much would depend upon the interperceptions of the mother-in-law and the daughter-in-law. To the extent they accept each other's role and perceive each other favourably, the quality of the caregiver-care receiver relationship will be good. As there is a negative cultural stereotype of the relationship between the daughter-in-law and the mother-in-law, it is bound to influence their interperceptions and vitiate the interrelationship (Jamuna, 1990, 1992, 1994, 1995, 1995; Jamuna and Ramamurti, 1994; Jamuna and Reddy, 1992; Medha and Munothekar, 1989; Ramamurti and Jamuna, 1986; Ramamurti and Suryanarayana, 1981; Reddy and Usharani, 1995, 1995; Sivasankar,

1991; Swarajyalakshmi, 1970; Swarajyalakshmi and Ramamurti, 1973).

Caring for the old-old or the disabled elderly is a difficult task demanding energy, patience, and a service (altruistic) disposition towards the care receiver. If caring is strenuous and round-the-clock it could be stressful, a situation that is aggravated by a poor in-law relationship. There is no dearth of instances where the stress of caring could lead to a burnout feeling (Jamuna, 1992, 1994, 1995). This is more so in the case of caregivers of the elderly with Alzheimer's disease (Rajkumar, 1994, 1994). In order to reduce the caregiver's stress, group counselling sessions have been organised. Such counselling sessions have enhanced the caregivers' time management, motivation for caring and have provided them with troubleshooting strategies (Jamuna, 1995, 1995; Jamuna and Ramamurti, 1993).

Social Supports

When an individual is burdened with problems, disability or helplessness he feels a great need for psychological as well as emotional support from others. He feels greatly relieved and secure if he can get some social support. Such social support from significant others goes a long way in providing emotional security to the individual. A number of studies have investigated such social support networks of the elderly in India (Chadha, Aggarwal, and Mangla, 1990; Dhillon, 1992; Gangrade, 1988; Jamuna, 1987, 1989, 1992, 1994;

Mahanta, 1995; Prakash, 1991; Ramamurti, 1989, 1989, 1991, 1992; Ramamurti and Jamuna, 1990, 1991, 1992, 1993, 1993; Ramamurti et al., 1992, 1992, Reddy, 1989; Subramanian, 1989; Sureender, 1994; Ushasree, 1992; Uma Devi, 1990) These studies have discussed the nature of social supports and have described the way in which these social supports give the elderly a sense of security, belongingness, and a feeling that people care for them in times or crises. These support networks are very helpful and they enable the person to meaningfully relate to others (Ramamurti, 1989, 1991, 1992, 1995; Ramamurti and Jamuna, 1990, 1990, 1991, 1992, 1993).

Gender Issues in aging

That there are gender differences in behavior is a well established fact. The scientific assessment of gender differences with regard to various facets of behaviour is a concern of psychologists and is well documented in psychological treatises. In as much as the lifestyles, role expectations are different for man and women in Indian culture, the patterns of aging are likely to show gender differences (Desouza, 1974; Jamuna, 1989, 1992, 1995; Prakash, 1993, 1995). The average life expectation of women is more than that of men and most women marry men elder to them. There is thus the possibility of women outliving their spouses leading to a long period of widowhood and dependency.

Normally, age 60 is used as the criterion to define old age. However, researchers make finer distinctions to categorise women as menopausal women or mid-adults, old, old-old, and very old (Prakash, 1992). Menopause is viewed as the onset of the aging process when a vital physiological function of the body ceases and by the age of 50 women consider themselves old (Prakash, 1989). Although, no profound personality changes are observed in women due to menopause, several psychological changes are reported like fatigue, irritability, and nervousness (Indira & Murthy, 1981; Prakash, 1991). Psychiatric morbidity is likely to be high during this period with symptoms like depression (Prakash, 1991) and affective psychosis (Indira & Murthy, 1980). There is some evidence that the adjustment pattern of women is affected during menopause (Jamuna, 1987) but this study which was conducted among lower income rural women needs to be substantiated by further research. Western literature on the subject points to role and identity crisis among menopausal women as they experience the "empty nest" syndrome and loss of youth and sex appeal. Unlike their western counterparts, Indian women do not perceive menopause as a threat or loss of femininity and nor do they face the "empty nest" syndrome (Prakash, 1991). In fact, Indian women in this age group may gain status in family and society. However, for want of information and facts, there are widespread misconceptions about menopause with

important implications for women's physical and mental health. Prakash (1991) cautioned against the indiscriminate dismissal of all symptoms of middle aged women as menopausal symptoms and against the unwarranted "psychologising", on the part of women, of a purely physiological change. The meagre evidence that is available in this area does not explicate the psychological behaviour pattern of menopausal women. Clearly, this is an area requiring collaborative work between psychologists, psychiatrists, and medical professionals.

As women age, they experience change in their lifestyle, pace of work, nature of activities, health, financial position, family roles and relationships, social network, and their overall attitude towards life. Also, every third woman above the age of 50 is likely to face the trauma of widowhood. Examining a group of rural based, middle and old age women, Prakash (1990) found that the major stressors were financial problems, family worries, and health care needs. Similar problems, especially of a financial and familial nature, were identified by Easwaramoorthy (1991) among rural aged women. Problems of aging women cannot be isolated from those of women in general in Indian society. Economic dependence and neglect of their physical and emotional health are problems faced by women across all ages but research shows that these become aggravated as women grow older. When women are actively involved in home management and child

rearing tasks they tend to have at least some access to financial resources and their preoccupation with familial responsibilities helps them to cope with their daily problems. As roles diminish and their active contribution to the family ceases, their financial position deteriorates and their sense of worth declines. During this later stage in their life, their psychological well-being and overall satisfaction depend to a large extent on a supportive family and an accommodative and understanding social network (Prakash, 1991).

While physical health declines progressively with advancing age, mental health is found to be correlated, not with age per se, but with the subjective feeling of well-being among middle and old age women. Respondents who were satisfied with their life and with the available support system experienced less negative moods and obtained lower scores on the Self Report Questionnaire (SRQ) measuring subjective well-being (Prakash, 1992). Support networks were crucial for the positive mental health of older women. However, it was the quality of support and not the number of support which was associated with emotional well-being (Prakash, 1990).

Physical health was a good predictor of life satisfaction (Anuradha & Prakash, 1991). Good physical health enabled aged women to enjoy the company of others, to lead an active outdoor life, to pursue interests, and to maintain social and friendly relationships.

Women who reported having a confidant and a friendship circle expressed less feelings of loneliness and greater satisfaction in life. Higher role activity of aged women was associated with better general adjustment (Jamuna, 1988; Jamuna & Ramamurti, 1984). This points to the need to promote greater role activity among the elderly to make them feel useful and involved in family life.

Gender, marital status, and place of residence were significant determinants of life satisfaction and psychological well-being among the elderly. Older women in India have a poorer social network than older men because they have fewer sources of intimacy and friendship, more so as a majority of the women are widowed by the age of 50. Societal norms and values discourage widows from seeking intimacy elsewhere and consequently they experience more loneliness and less satisfaction in life (Anuradha & Prakash, 1991). Predictably, married older women feel more satisfied than widowed or single older women. In the Indian context, widowhood lowers not only the financial status but also the social status of women inducing loneliness and psychological distress (Prakash & Anuradha, 1988).

In the indian context, loss of role status and diminishing authority of aging women within the family need to be considered as significant factors contributing to their mental health status. Bambawale (1991) observed that women who enjoyed authority within their homes

were reluctant to give it up with increasing age, until they grew very old (above 70 years) when physical health did not permit them to remain active. Bambawale suggested that relinquishing authority in the case of Indian women may be treated at par with retirement in the case of men.

Finally, attitude towards aging and stereotypes about old age are significant in explaining the problems and social position of the aged in contemporary Indian society. Reddy and Ramamurti (1988) found that older men and women who held negative attitudes towards old age were more maladjusted as they could not accept changes due to aging as nature. There are no studies that examine the existing social stereotypes for aged women. Sabita and Prakash's (1991) study revealed that in comparison to American students, Indian students gave less negative stereotypes for older males. An old man was judged to be less attractive, less pleasant, less calm and less wealthy than younger looking men by Indian students. American students, on the other hand evaluated older men negatively on as many as 12 traits.

The needs, problems, and considerations for elderly women who represent a sizeable proportion of the total population should be specially recognised in any policy or programme for the aged in India. Because of differences in social situation and biography the intensity of needs and problems vary from one life course to another and from

one group to another. A major study on the needs and problems of elderly women of forward and backward classes (Jamuna, 1992) noted that higher order needs like esteem and self-actualisation were least reported, the respondents reported more problems in meeting certain basic needs. Majority of the respondents showed greater intensity in survival, security, and belongingness needs. Women of the scheduled caste (SC) group, the old-old, and low income groups had higher intensities of survival, security, and belongingness needs as compared to women of the forward castes (FCs) and middle income groups (Jamuna, 1991, 1992).

In gender aging special attention needs to be paid to elder widows. Elder widows constitute a special concern group as recognised by the World Health Organisation. Elder widows face a double jeopardy, that is, of aging effects as well as from the ill-effects of widowhood in a compounded fashion (Jamuna, 1995; Jamuna and Ramamurti, 1988; Jamuna and Reddy, 1993; Jamuna, Reddy, and Ramamurti, 1991; Jamuna, Ramamurti, and Sudha Rani, 1994; Ramamurti, 1989; Ramamurti and Jamuna, 1986). These women have been found to be subjected to widowhood observances which place them at a severe social disadvantage. Elder widows have been observed to suffer from both physical and mental distresses compared to nonwidows (Jamuna, 1989, 1992, 1995; Prakash, 1991, 1993, 1994, 1995). The forward

caste elder widows were subjected to stringent widowhood observances than those belonging to the Scheduled Castes (Jamuna, 1992; Jamuna and Reddy, 1993; Jamuna, Reddy, and Ramamurti 1991; Jamuna, Ramamurti, and Shudha Rani, 1994; Ramamurthi 1989; Reddy, Jamuna, and Ramamurti, 1992).

In view of these problems, elder women and in particular elder widows find themselves in a helpless situation. These conditions can be improved only if there is some sort of empowerment in social and economic spheres, an aspect that has been more talked about than practised. Such empowerment would increase their status and bargaining power vis-a-vis other members. In this regard specific suggestions have been made in several studies on elder women (Girimaji, 1991; Jamuna, 1992, 1995; Nair and Tracy, 1989; Prakash, 1995).

Saxena (1996) examined the influence of family structure (joint and nuclear) and employment status (working and non-working) on life satisfaction and perceived happiness among 80 women and found that non-working women experienced greater life- satisfaction compared to working women and attributed their happiness to the home environment. Perceived happiness was higher among women from nuclear families compared to those from joint families. Kanwar & Chadha (1997) presented a profile of leisure activities and common health problems of pre-retirement, retirement and post-retirement groups of

elderly. Findings revealed a significant difference between the pre retirement and retirement groups in the present of leisure activities and between the post-retirement groups in their physical health.

Mathew (1997) compared the life satisfaction of institutionalised and non-institutionalised elderly. A results revealed that life satisfaction was higher among the non-institutionalised group compared to the institutionalised group. Further life satisfaction was found to have a significant positive correlation with education, age at marriage, number of living children and number of friends. A negative correlation was noted between age and life satisfaction.

Malik (1997) studied psychological well-being and life satisfaction among retired persons. The results revealed that the duration of retirement did not effect psychological well-being and life satisfaction of the subjects.

Husain, Arya & Imran (1998) compared retired and pre-retirement elderly people with respect to their attitude towards life. A group of 63 retired teachers (age 63-70 years) and another group of 82 preretirement teachers (age 56-60 years) were administered. The life attitude profile (Recker and Peacock, 1981). Results revealed significant difference between the groups on all the factors of the life attitude profile. The pre retirement groups positive and purposeful attitude towards life was discussed in terms of their unique experience

of self, family atmosphere and socio-cultural milieu. Dwivedi, Srivastava & Srivastava (1998) examined the impact of biological factors on the life satisfaction of 100 elderly persons (age 60-75 years) from middle class families. Results indicated that the marital status of aged females affected their life satisfaction. Age, family network and education of the elderly had no significant effect on their life-satisfaction.

Chadha and Easwaramorthy (2001) discussed issues related to leisure time activities (LTAs) and quality of life of the elderly. The conception of leisure and coping with leisure are described as important contributors to life satisfaction. An increasing number of retired people today have drawn attention to the issue of leisure. LTAs are strongly and positively related to the general well-being of elderly. Cherian (2003) explored the impact of living arrangement, gender and family life satisfaction on adjustment of the elderly. Ching factorial design data has been collected through an adjustment inventory and family life satisfaction inventory (Cherian) for the elderly from 300 subjects aged between 60 and 79 years from Kuttayam and Kozhenchery taluks in Kerala. An analysis of variance done on the data revealed that there is a significant effect of (a) living arrangement on emotional arrangement (b) gender on general adjustment and (c) family life satisfaction on emotional and general adjustment.

Adeyemo (2004) studied on 200 retirees randomly selected

from four pay points in Ibadan. The results showed that health, finance children., religion, leisure and social support as a block, contributed positively and significantly to the prediction of life satisfaction among the subjects. Chadha and Gregory (2004) attempted to understand the motives underlying participation in physical activity by older adults and describe its relationship to intergenerational issues. The study involved 123 older Asian Indian adults (76 males and 47 females) who were taking part in regular physical activity or exercise at least once a week. Participants completed the Participation motivation Questionnaire for older Adults to assess the motives for their participation in physical activity. Nine motives were identified which contained loadings on the family and social (outdoor) front. The results showed that the motives for physical activity could be used as intervention strategies to strengthen intergenerational relationships.

Chapter-3

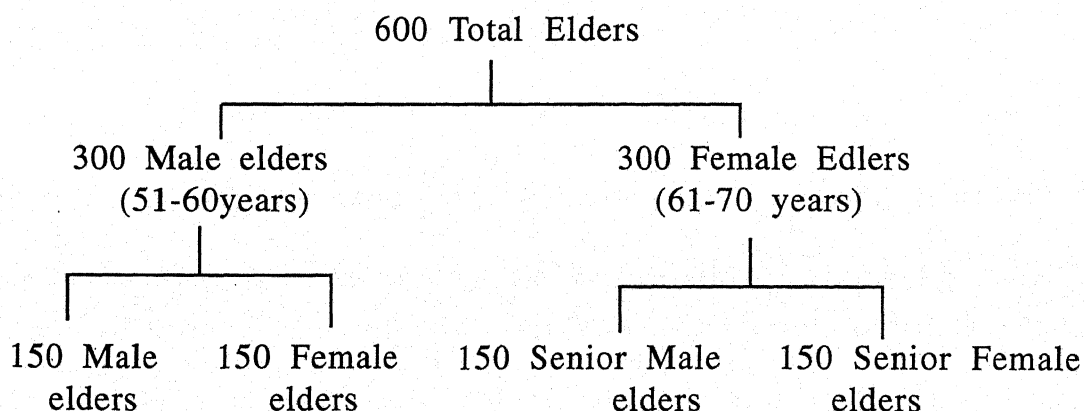
Research Methods and Procedures

In the present chapter, the sample, the design, methods and procedures of the study have been discussed with regard to the following heads -

- a. Sample
- b. Design and variables involved
- c. The tools used
- d. The collection of data
- e. The statistical technique used

a) Sample

In the present study 300 elders (age 51-60 years) and 300 senior elders (age 61-70 years) of ORAI city selected in the sample. The 300 male and 300 female elders selected through stratified random sampling technique. Elders in the range of middle low socio-economic status class were included in the sample. A schematic breakup of the sample is shown below-



b. Design and Variables Involved

The present study is an exploratory nature in which the independent variables have already occurred and research starts with the observations of dependent variables. The independent variables are studied in respect of their possible relation that effect on dependent variable. An ex-post-facto research design was considered suitable for the present study.

There are two types of variables in the present study-

I) Independent Variable-

Gender (Male & Female)

Types of Elders (Elders & Senior Elders)

Adjustment (Good, Average & Poor)

Stress as different psychological states

(High, Average & low)

Coping Strategies (Good, Average & Poor)

II) Dependent Variable

Attitude Towards Ageing

It was desirable that other critically relevant variables would be adequately controlled. In this context family size and its composition, socio-economic status and health status are some crucial variables.

c. The Tools used

The following tools were used in the present study

i) *Shamshad-Jasbir Old Age Adjustment Inventory*

By Shamshad Hussain & Jasbir Kaur

ii) *Eight State Questionnaire*

By Curran & Cattell and Others

(iii) *Attitude Towards Ageing Scale*

By Dr. Taresh Bhatia & Dr. Prabhasker Rai

(iv) *Coping Styles Scale*

By Dr. Taresh Bhatia & Dhiraj Gupta

The detailed description of the tools used in the present study has been given below-

i) **Shamshad-Jasbir Old Age Adjustment Inventory**

The old age adjustment Inventory was developed on a sample of old-aged male and female population of Bihar of 50-65 years of age belonging to different categories : those on the verge of retirement, already retired and those who are in active service. The method of sampling was purposive-cum-stratified. The size of the sample, however, differed from one step to another during standardization procedure. The sampling scheme was as follows :

Item Analysis	Reliability	Validity	Norm construction
N=375	N=100	N=100	N=100

Firstly, the main problem areas of adjustment of old age people were identified by consulting literatures, experts and also by interviewing the old age people. The main source of information was interview. Persons of varying age group between 50 and 65 years were interviewed by the researchers in order to locate their adjustment problems. For this purpose the group was divided into different categories. This step was taken because it is well recognised that even amidst old age people the problems of adjustment may not be the same. They may differ in terms of their direction and intensity both.

Item Analysis

After the problems of old age adjustment were located the steps were taken to prepare a list of questions/statements pertaining to old age problems. Initially 200 items were collected having direct or indirect relevance to old-age adjustment problems. These items were first rated in terms of their structure and content by experts consisting of University Professors of Psychology and Sociology. In the process of initial analysis 66 items were eliminated leaving only 134 items for further scientific analysis. After the items were analyzed and rated in terms of their

relevance for measuring old age adjustment problems, they were administered to a group of old aged persons (N=375). The investigators visited different places where old aged people resided in Patna and its neighbouring localities. After the inventory was administered to the sample (N=375) the items were analyzed scientifically in terms of the meaning they conveyed, the clarity with which they conveyed the meaning and also in terms of their discriminating power. The need for analyzing the difficulty value of the items was not felt because it is generally done in the case of ability test. The present research tool was a personality test and hence, the main purpose was to evaluate it in terms of its discriminating power. This has been well emphasized by many researchers. The Kelly's method was applied by using the two extreme groups (27% top and 27% bottom). The items were analyzed by adopting chi-square technique. Only those items were retained which significantly differentiated between the high and low adjusted groups, categorized on chi-square value being significant atleast at the 0.05 level of confidence, were retained. At this stage the total number of items represented six areas of adjustment : Health, home, social, marital, emotional and financial. The items relating to health, home, social, marital, emotional and financial adjustment have been designated by letters क, ख, ग, घ,

च, छ, respectively in the Inventory. The areawise distribution of items are as follows :

No. of Items	
Health	26
Home	25
Social	21
Marital	17
Emotional	21
Financial	15
Total	125

The items of different areas of adjustment were also analyzed in terms of inter-correlations, to ascertain whether six areas selected to structure the inventory were unrelated.

Reliability of the Test

After the items were analyzed the next step, adopted by the investigators, was to find out their reliability, in absence of which a psychometric tool carries little meaning. The two modes of reliability co-efficients (odd-even and test-retest) were calculated on a sample of 100 cases. In case of test-retest reliability the same test was administered to the same group at the interval of three weeks. The correlation co-efficient was calculated between the two sets of scores. The split-half (odd-even) and test-retest

reliabilities of the test (area-wise and over all adjustment scores)

have been presented in Tables 3.01 and 3.02

Table 3.01
Odd-even Co-efficient Correlation of Old-age Adjustment
Inventory (N=100)

Area of Adjustment	Half-Test Reliability	Full Test Reliability
Health	0.77	0.81
Home	0.63	0.77
Social	0.60	0.75
Marital	0.69	0.82
Emotional	0.45	0.62
Financial	0.46	0.63
Total	0.83	0.91

Table 3.02
Test-Retest Coefficient Correlation of Old Age Adjustment
Inventory (N=100)

Area of Adjustment	Coefficient of correlations	Full Test Reliability
Health	0.96	<0.01
Home	0.93	<0.01
Social	0.94	<0.01
Marital	0.95	<0.01
Emotional	0.92	<0.01
Financial	0.91	<0.01
Total	0.93	<0.01

Froehlech and Hoyt (1959) recommend that a test is reliable if its reliability-coefficient is around 0.80 or higher.

On the basis of the coefficient of correlation reported in Table 3.01 and 3.02, it can be said that the present instrument reliable.

Validation Procedure

After reliability was found out the step was taken up to assess the validity of the test which refers to whether the test measures that aspect for the measurement of which it has been constructed. The present test was validated on a sample of hundred cases by using the construct validation procedure (convergent validation technique). The adjustment inventory was validated against the scores on self-concept, ego-strength and anxiety scale by applying product moment correlation. This step was taken under the presumption that the higher the adjustment the better the self-concept, the higher the ego strength, the lesser the anxiety.

Two of these assumptions have been supported in the present findings. For measuring the three variables the tests used were : Mohsin's self-concept scale, Hasan's Ego strength scale and Sinha anxiety scale. The overall adjustment scores were taken for the purpose of validation. The findings have been

presented in Table 3.03

Table 3.03
Correlation Between the scores on Adjustment and those
on self-concept, ego-strength and Anxiety (N=100) d.f.=98

Adjustment	Self-Concept	Ego Strength	Anxiety Scores	P Value
Health	0.64	0.32	0.51	<0.01
Home	0.70	0.64	0.69	<0.01
Social	0.70	0.61	0.74	<0.01
Marital	0.65	0.67	0.68	<0.01
Emotional	0.54	0.51	0.58	<0.01
Financial	0.62	0.58	0.63	<0.01
Total Scores	0.85	0.72	0.84	<0.01

The findings of Table 3.03 are supportive of the fact that on the whole scores on adjustment are positively correlated with the scores on self-concept, Ego-strength and Anxiety. The 'r' values are significant at 0.01 level of confidence in all the cases.

The adjustment inventory was also validated against self-concept, Ego strength and Anxiety by comparing the mean scores of the high and low adjusted group (dichotomized on the basis of median) on three variables. The findings are presented in Table 3.04

Table 3.04
Comparison Between Mean Values of High and Low
Groups

Variables	Group	Mean Value	't' value
Self-Concept	High	38.33	9.34 <0.01
	Low	28.53	
Ego- Strength	High	24.82	7.36 <0.1
	Low	20.37	
Anxiety	High	82.04	9.50 <0.1
	Low	41.71	

The study of the findings of Table 3.04 indicate that the greater the adjustment the better the self-concept, the higher the ego- strength. The findings have thus supported the presumptions for construct validity in general.

However, something contrary is observed in the case of adjustment and anxiety. The high adjusted group has greater anxiety as compared to its low counterpart which is contrary to the assumption. The correlational findings also support this trend. The probable reason is that the individuals having greater anxiety may try to defend the threat by exposing themselves to be better adjusted. Such people do not want to exhibit their anxiety as it would generate anxiety stil further. However, this aspect of validation is to be further investigated.

The studies of Khan (1989) and Ali (1975) support the present findings in respect of the whole, it is gathered that the newly developed adjustment inventory has high validity.

Development of Norms

After the test was validated, the percentile norms were developed because of their practicability and ease. Percentile scores represent the percentage of persons on the standardization sample, which fall below on a given raw score and provides a direct statement of individuals' relative position in the standardization sample. The normative sample consisted of 150 male subjects who were service and business and 140 males who were retired from active service 75 female subjects being on service and 100 female subjects being retired from service and also the housewives, were selected as sample for developing norms. In short, the norms were developed separately for male and female subjects of the age group of 50 to 65 years of different categories.

Procedures for Administration and Scoring

Instructions for answering the items measuring adjustment are given on the front cover of the test booklet. Although no time limit is imposed the respondents are instructed to finish the test quickly as they can. The respondents are also asked to fill in

the necessary information relating to their personal background - factors before they take -up the actual task. They have to open the booklet and start responding only when they are instructed to do so by the test administrator. The test can be administered to an individual or to a small group at a time.

Scoring Procedure

The responses given by the testees are to be scored with the help of scoring key. The keyed response is to be assigned one score. The keyed response is somewhere in terms of 'yes' and somewhere in the form of 'No.' Response to the undecided category is not to be given any score. One score is to be given to the response in the direction of adjustment and 0 (Zero) to the response in the direction of maladjustment. Hence the higher score indicates better adjustment. The responses are scored areawise. The sum of scores in different areas provide measure of overall adjustment.

(ii) Eight State Questionnaire (8SQ)

The Eight State Questionnaire (8SQ) was designed specifically for measuring eight important emotional states and moods (Cattell, 1972, Barton, Cattell & Conner, 1972; Barton, Cattell & Curran, 1973. The theoretical importance of measuring emotional states lies in the fact that any prediction of how a person will

act or how he will perform depends as much on his usual trait. An alert individual of average intelligence may perform better on an intellectual task than a tired genius. The practical importance of good state measures is evident in such areas as drug research, studies of morale evaluation of classroom conditions, direction course of therapy, etc,

Both forms of the 8SQ contain 96 items, 12 of which measure each. The test may be administered individually or in a group. The test was constructed to be used with adults and adolescents of approximately 16 years of age or educational level, it uses "newspaper" English and demands about an eighth-grade reading comprehension level. It is not designed, as yet, for really low educational levels or sub-groups unassimilated into the American culture. On the other hand a deliberate choice of language has been observed to make the test equally appropriate for various English-speaking groups such as the British and Australians.

Applicability and Scope

The purpose of the 8SQ is to present a multi-state battery of the widest spectrum possible at the present state of research. In many types of situations, it is desirable, first, to explore reaction over a sampling of mood states. Then after this initial "

mapping out," the test user may wish to concentrate on just one state, for example, the one that proves to be most affected. However, prematurely restricting observation to a single state on the basis of what is expected to be relevant, may hide other important relationships.

The development of the 8SQ, from 1968 to its present form, was coordinated by Curran and Cattell, although many others assisted in the research development. The present forms are based on the results of over ten separate factor-analytic studies (Cattell, Cattell, & Rhymer, 1947; Cattell & Luborsky, 1950; Cattell & Williams, 1953; Cattell & Scheier, 1961; Van Egeren, 1963; Cattell, 1973). A large item pool was generated and numerous item analyses were conducted in order to select maximally valid items. This research continues and refinement of some of the test items would not be unexpected in the course of time.

A brief Description of the Eight Psychological States Contained in the 8SQ

Most human mood states are complex, If there were just two states, scores could be plotted as a single point against x and y coordinates to show just what the mixture is for any individual at any point in time. However coordinated factor

analyses have repeatedly shown that substantially more than two distinct states can be found in questionnaire responses. The 8SQ has been designed to include the best defined eight among them.

Scale	Examinee Describes Self	Behavioral correlates in objective test domain
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Anxiety	worried, easily rattled, tense, emotionally upset, angered, high strung, easily annoyed	more common frailties admitted, greater tendency to agree, less confident of skill in untried performance, newer questionable reading preferences, higher susceptibility to embarrassment, lower accuracy in checking numbers.
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Stress	feeling a lot of pressure, unable to take time off and relax, constantly on the go, feeling hectic, experiencing great strain, unhappy with own performance, experiencing lots of demands.	low motor perceptual rigidity, better at memorizing meaningless material, high ratio of threatening objects seen in unstructured drawings
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Depression

unhappy, disagreeable, poorer at memorizing
pessimistic, in poor meaningful material,
spirits, disappointed low ratio of fluency
regarding self relative
to other topics

Regression

confused, unorganized, greater suggestibility,
unable to concentrate, lower ratio of accu-
experiencing difficulty racy to speed, lower
coping, acting impul- accuracy in spatial
sively judgment, poorer two
hand coordination,
higher score on neu-
rotic symptom check-
list, lower speed of
Gestalt closure

Fatigue

exhausted, no energy, greater variability in
sluggish, tired, need- accuracy, rapid re-
ing rest, weary, below versible perspective
par in performance

Guilt

regretful, concerned
about own misdeeds,
experiencing difficul-
ties sleeping, unkind,

dissatisfied with self

Extroversion sociable, outgoing, ad- greater number of ob-
venturesome, talkative, ject perceived in un-
enthusiastic structured drawings, less
tendency to agree, less
authority submission,
more confident assump-
tion of skill untried per-
formance

Arousal alert, keyed up, excited,
stimulated, keen and
sharp senses

DESCRIPTION OF THE STATES MEASUREED BY THE 8SQ

Directions for Administration

The 8SQ can be administered to an individual or to a group. The simple and clear instructions printed on the cover page of the test booklet make the 8SQ virtually self administering. After the examinee has read the instructions, the administrator should answer any questions that may arise. The administrators should also reinforce the state quality of the test by the comment, "Remember you are being asked to make the answer that tells best how you feel now, at this moment".

Answer should be marked on the separate answer sheet and not in the reusable test booklet, except when an examinee is confused by the answer sheet. The examiner should make certain that the examinee fills in necessary identification information and understands how to use the answer sheet.

If the examiner occasionally considers it desirable to read the instructions aloud with the examinee and discuss certain points in order to be sure the examinee understands what is required, this practice is permissible. In each situation the examiner must be the judge of the best way to get the instructions across to the examinee.

Although there is no time limit, it is convenient to have certain expectations. The average time for completion is 20-25 minutes for one form. About 20% of the examinees can finish in less than 20 minutes, while about 20% of the examinees will take more than 25 minutes. The examiner may encourage those who appear to be working too slowly to increase their pace.

Scoring and use of norm tables

Each question on the 8SQ has four options and is scored either 0,1,2 or 3. The score of each item contributes to only one factor total. Since there are 12 items per state on each form, the highest possible raw score per form is 36 (for the two forms,

72). Answer sheets can be either hand scored with a stencil key or machine scored.

Hand scoring is accomplished easily and rapidly with a key. The same key is used with both forms of the test. The answers appear as pencil marks in the boxes on the given answer sheet. Simply fit the key over the answer sheet and count the marks visible through the holes for each factor, allowing either a 3, 2, or 1 as indicated by the number printed above the hole. Add these scores and enter the total in the space indicated at the bottom of the sheet.

Reliability

The reliability in terms of a stability coefficient, i.e., after a lapse of a considerable time period, on the other hand, should not be so high as for a trait measure. Indeed, if the test measures pure state, and if research should show that people do not differ in their mean state levels, this "reliability" should be zero. Table 3.05 shows the results from retesting a group of undergraduates after a week. It is evident that there is some probability that everyone does not start from the same mean position in their swings of mood, at least on such states as extroversion, guilt depression, and regression. That is to say, there are slight constant and stable differences among people on their mean state

level. This creates a special problem for standardization.

Table 3.05

Stability Coefficients for the 8SQ : Retest After One Week

	Form A	Form B	Form A+B
Anxiety	0.31	0.29	0.59
Stress	0.32	0.29	0.56
Depression	0.48	0.22	0.60
Regression	0.44	0.34	0.62
Fatigue	0.26	0.18	0.55
Guilt	0.36	0.32	0.59
Extroversion	0.42	0.38	0.62
Arousal	0.31	0.19	0.53

N= 129 male and (Female undergraduates)

Validity

Validity in the case of a state scale has its most precise meaning as concept validity. This means the correlation of the scale score with the pure factor constituting the concept (e.g., anxiety, arousal, etc.) the scale was intended to measure.

The concept validities, which come from the basic factor-analytic research and constitute the real proof that the scales are measuring underlying factorial dimensions, are shown in table 3.06. These values are taken from the factor structure matrix

which gives the direct correlation between the scale and the factor.

Table 3.06
Concept Validities of the 8SQ Scales

	Form A	Form B
Anxiety	0.62	0.58
Stress	0.86	0.47
Depression	0.58	0.90
Regression	0.55	0.96
Fatigue	0.90	0.84
Guilt	0.48	0.40
Extraversion	0.92	0.67
Arousal	0.84	0.72

N= 235 Air Force Enlisted Men

Scoring Pattern for the Eight State Questionnaire, Form A and B

Each item is scored 3, 2, 1, or 0. The high scoring direction is indicated by the letter *a* or *d*. If the letter is *a*, the *a* response is scored 3, the *b* response is scored 2, and the *c* response is scored 1. If the letter is a *d*, the *d* response is scored 3, the *c* response is scored 2, and the *b* response is scored 1.

Scale	Form A or Form B
Anxiety	1d; 9a; 17d; 25d; 33a; 41d; 49a; 57a; 65d; 73d; 81a; 89a;
Stress	2a; 10d; 18a; 26a; 34d; 42d; 50a; 58d; 66a; 74a; 82d; 90d;
Depression	3d; 11a; 19a; 27d; 35d; 43a; 51a; 59a; 67d; 75d; 83a; 91d
Regression	4d; 12d; 20d; 28a; 36d; 44a; 52d; 60a; 68a; 76a; 84d; 92a
Fatigue	5a; 13d; 21a; 29d; 37d; 45a; 53a; 61d; 69d; 77a; 85d; 93a
Guilt	6a; 14d; 22a; 30a; 38d; 46a; 54a; 62d; 70a; 78d; 86d; 94d;
Extroversion	7d; 15a; 23a; 31a; 39a; 47d; 55d; 63d; 71d; 79d; 87a; 95a
Arousal	8a; 16a; 24d; 32d; 40d; 48a; 56a; 64a; 72d; 80d; 88a; 96d

iii) Attitude Towards Ageing Scale

The present scale is developed by Dr. Taresh Bhatia and Dr. Prabhasker Rai. The present scale has been developed to measure attitude towards ageing. It was decided to write 65 items for the scale. The material of the items were collected by books, tests

and other relevant literature. Then, for the purpose of item-analysis, the scale was administered to the subjects of different age groups both male & female. The top 27 percent and lower 27 percent were selected for item analysis. The Critical ratio was applied to find out the discriminative value of each item. All the items were then arranged in descending order according to their critical ratio values. The first 35 items with largest discriminative values were selected and others were rejected. Thus the final scale of 35 items is named as attitude towards ageing scale.

Reliability

The co-efficient of reliability was determined by test-retest method. The test was administered twice with a time interval of 30 days to a sample of 250 subjects. The test-retest reliability coefficient of the scale was found 0.89.

Validity

The validity of the scale was established with the help of content validity on the basis of internal consistency.

Administration

It is a self administrating scale. There is no time limit for answering it. However most of the groups should finish it in about 10 minutes. It should be emphasized that there is no right or wrong answer to the statement.

Scoring

It is a five point scale, the scoring of which has been objectified by assigning five to one scores respectively for five alternatives of the positive items, rated strongly agree to strongly disagree. For the negative items the score assigned to each of alternative have been reversed. They range from one to five for five alternatives.

The following table shows item distribution

Positive Items	Negative Items	Total Items
1,2,3,4,5,7,8,10,11,12,14 15,16,18,19,20,21,23,24,25, 26,27,28,29,30,32,33 34,35	6,9,13,17,22,31	35
Total Items 29	06	35

iv) Coping Styles Scale

The present scale is developed by Dr. Taresh Bhatia and the researcher Dhiraj Gupta. Mc Grath (1970) has viewed coping as the covert and overt behaviour by which the organism actively prevents, removes or circumvents stress inducing circumstances. Schregardus (1976) proposed two major styles of coping namely repression and sensitization. He also found that patterns of defensive style were related to the perception and experiences of stress and to subsequent patterns of coping and adjustment.

Development of The Scale.

First the initial pool of 38 items were selected for the scale. Then, for the purpose of item-analysis, the scale was administered to the subjects of 200 male & female of different age groups. Item analysis was done with the help of the method between two extreme upper and lower groups. Discriminative values were computed for item selection and applying critical ratio for each items. All the statments were than arranged in descending order of their critical ratio values. Out of 38 items, the first 22 items were selected for the final form of the scale.

Reliability

The test-retest reliability was determined by administrating the test after four weeks and found 0.74 reliability coefficient.

Validitiy

The validity of the scale was determined with the help of content validity on the basis of internal consistency.

Scoring

It is a five point scale, the scoring has been objectified by assigning five to one scores respectively for five alternatives of the positive items rated strongly agree to strongly disagree as following-

5

4

3

2

1

Strongly Agree Agree Uncertain Disagree Strongly Disagree

For the negative items the scores assigned to each of the alternatives have been reverses. They range from one to five for five alterntives as following

1

2

3

4

5

Strongly Agree Agree Uncertain Disagree Strongly Disagree

Item No. 6,7, 8, 11, 13,14, 16, 18 (Total 8 items) are the negative items, rest are positive items.

d. The collection of Data

Administration of psychological tests is a technical process. It needs a clear grasp of the process and its various facts. The respondees need suitable motivation to take up the test in right earnest and express their real feelings in a frank and straight forward manner. The administrator needs to earn the confidence of the respondees and has to satisfy them for the worth utility of the administration to them and to others through them.

The subjects of the present study were selected from prescribed population. The selected elders were administered four tests and requested to answer the questions sincerely and truthfully. They were assured that the responses would be kept confidential.

e) The Statistical Technique Used

The first purpose of the present study was to compare the attitude towards ageing between male and female, between elders & senior elders, among good, average & poor adjusted elders, among different psychological states and among good, average & poor coping strategies related elders. The mean and standard deviation of each group were calculated.

The comparison between different groups were made on the basis of critical ratio with 0.05 and 0.01 levels of confidence considered significant. Hypothesis from 1 to 5 were tested by applying critical ratio.

Another purpose of the present study was to find out the effect of gender (male & female), types of elders (elders & senior elders), adjustment (good, average & poor), coping strategies (good, average & poor) and different psychological states (high, average & poor) on attitude towards ageing, for this purpose analysis of variance was calculated.

Chapter-4

The Data Analysis and Discussion

The Data Analysis and Discussion

This chapter presents the data, its analysis and interpretation. The results have been presented according to the following scheme.

- Part A- Overall comparison of the attitude towards ageing between male and female elders.
- Part B- Overall comparison of the attitude towards ageing between elders and senior elders.
- Part C- Overall comparison of the attitude towards ageing among good, average and poor adjusted elders.
- Part D- Overall comparison of the attitude towards ageing among different psychological states related elders.
- Part E- Overall comparison of the attitude towards ageing among good, average and poor coping strategies related elders.
- Part F- The effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
- Part G- The effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.
- Part H- The effect of gender (male & female) and different psychological states (high, average & low) on attitude towards aging.

- Part I - The effect of gender (male & female) and coping strategies (good, average & low) on attitude towards ageing.
- Part J- The effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.
- Part K The effect of gender (male & female), types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.
- Part L The effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

PART A

Overall comparison of the attitude towards ageing between male & female elders

In this section an attempt has been made to study and compare the attitude towards ageing between male & female elders. For this purpose "Attitude Towards Ageing Scale" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders and 150 senior elder) elders. The table 4.01 shows the Mean, S.D. and Critical Ratio of attitude towards ageing between male and female elders-

Table 4.01 Showing the Mean, S.D. and Critical Ratio of attitude towards ageing between male (elders & senior elders) and female (elders and senior elders) elders-

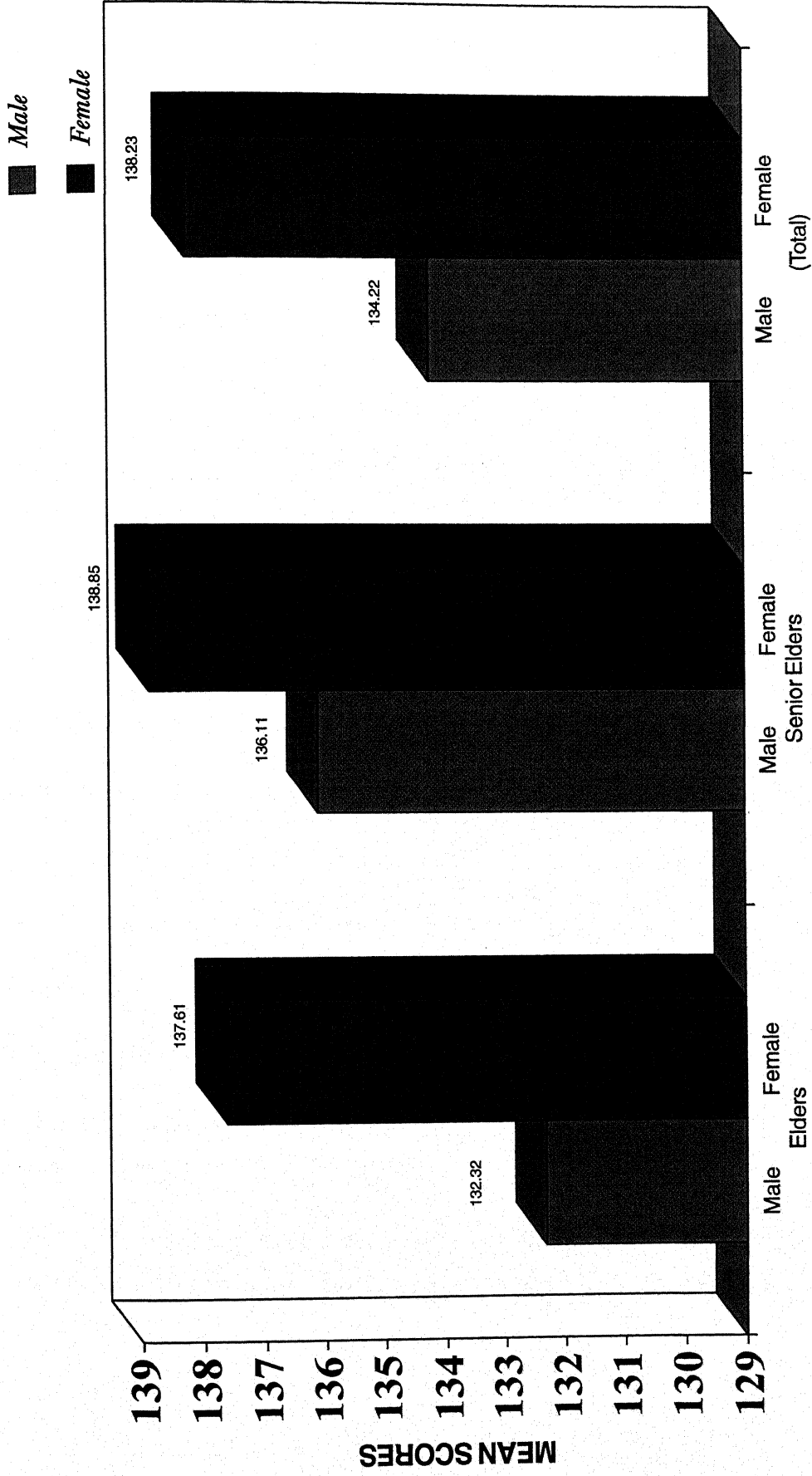
Sub Groups	N	Mean	S.D.	Critical Ratio
Male Elders	150	132.32	15.92	3.39 <0.01
Female Elders	150	137.61	10.51	
Male Senior Elders	150	136.11	13.18	1.94 >0.05
Female Senior Elders	150	138.85	11.26	
Male	300	134.22	14.71	3.78 <0.01
Female	300	138.23	10.89	

Significant Level at 0.01 → 2.59
0.05 → 1.97

The table 4.01 shows that female elders have more positive attitude towards ageing (mean 137.61) than male elders (mean 132.32). The female senior elders have also more positive attitude toward ageing (mean 138.85) than male senior elders (mean 136.11). The female (total) elders have more positive attitude towards ageing (mean 138.23) than male total elders (mean 134.22). The **Bar Diagram-1** also showing the above results.

To see the significant difference of attitude towards ageing between male & female elders, the Critical Ratios were calculated. The Critical Ratio value required to be significant at 0.01

BAR DIAGRAM -1
SHOWING ATTITUDE TOWARDS AGEING BETWEEN MALE
& FEAMLE ELDERS & SENIOR ELDERS



level is 2.59 and at 0.05 level is 1.97 with the degree of freedom 298. It may be observed from table 4.01 that there is significant difference between the attitude towards ageing of male elders and female elders at 0.01 level. The Critical Ratio value found 3.39, which is significant at 0.01 level.

But the table 4.01 shows that there is no significant difference between the attitude towards ageing of male senior elders and female senior elders at 0.05 level. The Critical Ratio value found 1.94, which is not significant at 0.05 level. There is significant difference of attitude towards ageing between male (total) elders and female total elders at 0.01 level. The Critical Ratio value found 3.78, which is significant at 0.01 level. Thus the female elders have significantly more positive attitude towards ageing than male elders at 0.01 level. The null hypothesis (1) stating that "There is no significant difference of attitude towards aging between male and female elders." is rejected. *Reddy and Ramamurthi (1998)* found that older men and women who held negative attitudes towards ageing were more maladjusted as they could not accept change due to ageing as natural.

Part B

Overall comparison of the attitude towards ageing between elders and senior elders.

In this section an attempt has been made to study and compare the attitude towards ageing between elders and senior elders. For this purpose "Attitude towards Ageing Scale" was administered on 300 elders and 300 senior elders. The table 4.02 shows the Mean, S.D. and Critical Ratio of attitude towards ageing between elders and senior elders-

Table 4.02 : Showing the Mean, S.D. and Critical Ratio of attitude towards ageing between elders and senior elders-

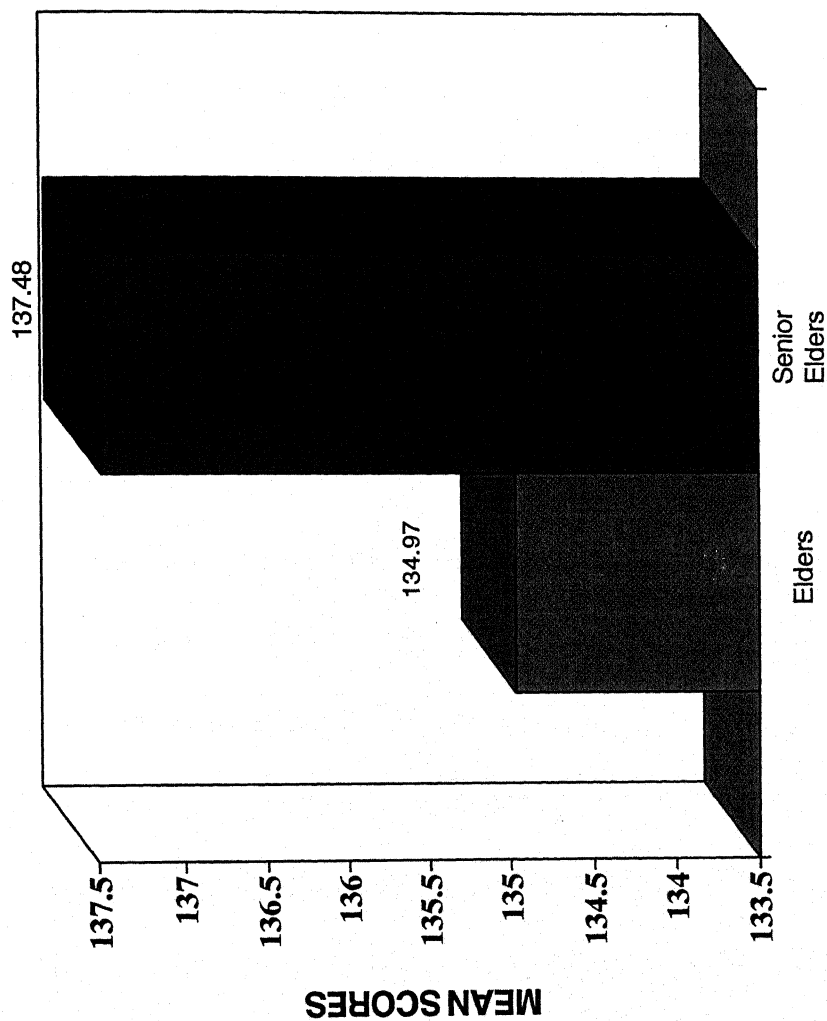
Sub Groups	N	Mean	S.D.	Critical Ratio
Elders	300	134.97	13.72	2.37 <0.05
Senior Elders	300	137.48	12.31	

Significant Level at 0.01 → 2.59
0.05 → 1.97

The table 4.02 shows that the senior elders have more positive attitude towards ageing (mean 137.48) than elders (mean 134.97). The **Bar Diagram-2** also showing the results. To see the significant difference of attitude towards ageing between elders and senior elders, the Critical Ratio was calculated. The Critical Ratio value required to

BAR DIAGRAM-2
SHOWING THE ATTITUDE TOWARDS
AGEING BETWEEN ELDERS & SENIOR ELDERS

■ *Elders*
 ■ *Senior Elders*



TYPE OF ELDERS

be significant at 0.01 level is 2.59 and at 0.05 level is 1.97 with the degree of freedom 598. The Critical ratio value found 2.37, which is significant at 0.05 level. Thus there is significant difference of the attitude towards ageing between elders and senior elders at 0.05 level. The null hypothesis (2) stating that "There is no significant difference of attitude towards ageing between elders and senior elders." is rejected. The senior elders have significantly positive attitude towards ageing than elders.

PART C

Overall comparison of the attitude towards ageing among good, average and poor adjusted elders.

In this section an attempt has been made to study and compare the attitude towards ageing among good, average and poor adjusted elders. For this purpose Shamshad-Jasbir Old Age Adjustment Inventory" was administered on 600 elders. The elders were divided into three categories i.e. good, average and poor adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on good, average and poor adjusted elders. The table 4.03 shows the Mean, S.D. and Critical Ratio of attitude towards ageing among good, average and poor adjusted elders-

Table 4.03 : Showing the Mean, S.D. and Critical Ratio of attitude towards ageing among good, average and poor adjustment related elders-

Adjustment Areas	Adjustment Level									Critical Ratio		
	A Good			B Average			C Poor					
	N	Mean	S.D.	N	Mean	S.D.	N	Mean	S.D.	A & B	A & C	B & C
a. Health	154	142.44	12.62	278	136.44	12.44	168	130.18	11.80	4.76 <0.01	9.01 <0.01	5.31 <0.01
b. Home	175	141.28	10.91	254	136.05	12.96	171	131.31	13.45	4.51 <0.01	7.55 <0.01	3.62 <0.01
c. Social	158	143.15	12.37	277	135.80	11.22	165	130.31	13.62	6.18 <0.01	8.86 <0.01	4.36 <0.01
d. Marital	173	142.17	13.53	227	135.33	11.50	200	132.10	12.58	5.34 <0.01	7.40 <0.01	2.76 <0.01
e. Emotional	177	143.31	12.27	215	136.41	11.35	208	130.01	12.35	5.75 <0.01	10.56<0.01	5.57 <0.01
f. Financial	171	142.04	12.00	211	138.63	11.84	218	129.33	12.01	2.77 <0.01	10.33<0.01	8.09 <0.01
Total	155	143.35	12.15	287	137.22	11.49	158	127.43	11.75	5.15 <0.01	11.79 <0.01	8.51 <0.01

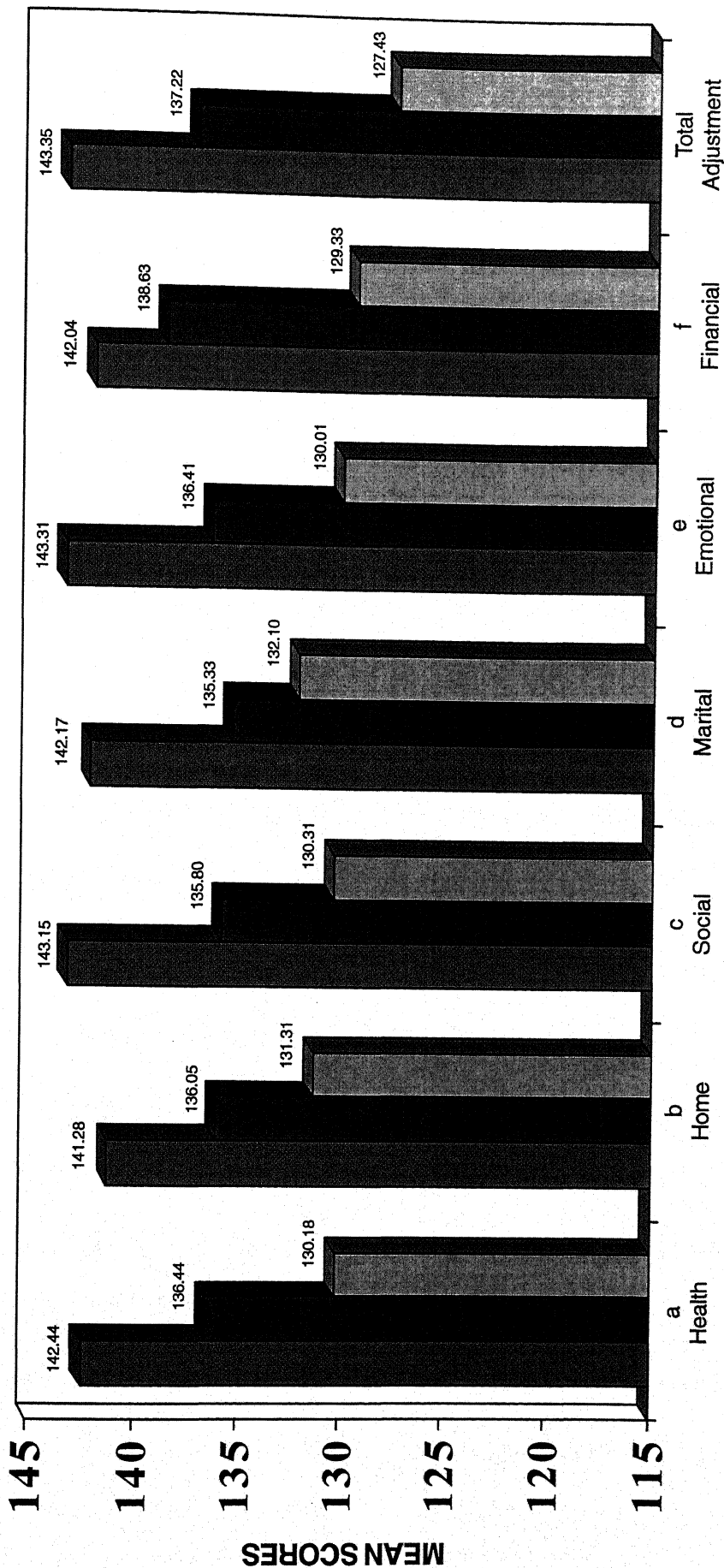
Significant Level at 0.01 → 2.59
0.05 → 1.97

The table 4.03 shows that the elders of good adjustment have more positive attitude towards ageing (mean 143.35) than average adjustment (mean 137.22) and poor adjustment (mean 127.43) related elders. The elders of good health adjustment have also more positive attitude towards ageing (mean 142.44) than average health adjustment (mean 136.44) and poor health adjustment (mean 130.18). The elders of good home adjustment have highly positive attitude towards ageing (mean 141.28) than average home adjustment (mean 136.05) and poor home adjustment (mean 131.31) related elders. The elders of good social adjustment have also more positive attitude towards ageing (Mean 143.15) than average social adjustment (mean 135.80) and poor social adjustment (mean 130.31) related elders. The elders of good marital adjustment have highly positive attitude towards ageing (mean 142.17) than average marital adjustment (mean 135.33) and poor marital adjustment (mean 132.10) related elders.

The elders of good emotional adjustment have more positive attitude (mean 143.31) than average emotional adjustment (mean 136.41) and poor emotional adjustment (mean 130.01) related elders. The elders of good financial adjustment have also more positive attitude towards ageing (mean 129.33) related elders. The **Bar Diagram-3** also showing the above results. Reddy and Ramamurti (1988) found that older men and women who have negative attitudes

BAR DIAGRAM -03
SHOWING ATTITUDE TOWARDS AGEING AMONG GOOD, AVERAGE & POOR ADJUSTED ELDERS

Good Adjusted
 Average Adjusted
 Poor Adjusted



DIFFERENT AREAS OF ADJUSTMENT

towards ageing were more maladjusted.

To see the significant difference of attitude towards ageing among good, average and poor adjustment related elders, The Critical Ratios were calculated. The Table 4.03 shows that there are significant differences of the attitude towards ageing among good, average and poor adjusted elders at .01 level. There is significant difference of attitude towards ageing between good adjustment and average adjustment related elders (Critical Ratio found 5.15, which is significant at .01 level) at .01 level. There is also significant difference of attitude towards ageing between good adjustment and poor adjustment (Critical Ratio found 11.79) related elders at 0.01 level. There is significant difference of attitude towards ageing between average adjustment and poor adjustment (Critical Ratio found 8.51) at .01 level.

There is significant difference of attitude towards ageing between good health adjustment (Critical Ratio found 4.76) and average health adjustment related elders at .01 level. There is also significant difference of attitude towards ageing between good health adjustment and poor health adjustment (Critical Ratio found 9.01) related elders at .01 level. There is also significant difference of attitude towards ageing between average health adjustment and poor health adjustment (Critical Ratio found 5.31) related elders at .01 level

Table 4.03 shows that there is significant difference of attitude towards aging between good home adjustment and average home adjustment related elders(Critical Ratio found 4.51) at .01 level . There is also significant difference of attitude towards ageing between good home adjustments and poor home adjustment related (Critical Ratio found 7.55) elders at .01 level. There is significant difference of attitude towards ageing between average home adjustment and poor home adjustment (Critical Ratio found 3.62) related elders at 0.01 level.

There is significant difference of attitude towards ageing between good social adjustment and average social adjustment (Critical Ratio found 6.18) related elders at 0.01 level. There is also significant difference of attitude towards ageing between good social adjustment and poor social adjustment related elders at 0.01 level (Critical Ratio found 8.86). There is significant difference of attitude towards ageing between average social adjustment and poor social adjustment (Critical Ratio found 4.36, which is significant at 0.01 level) related elders.

There is significant difference of attitude towards ageing between good martial adjustment and average marital adjustment (Critical Ratio found 5.34), good marital and poor marital adjustment (Critical Ratio found 7.40), average marital and poor marital adjustment (Critical Ratio found 2.76) related elders at 0.01 level. There is

also significant difference of attitude towards ageing between good emotional and average emotional adjustment (Critical Ratio found 5.75), good emotional adjustment and poor emotional adjustment (Critical Ratio found 10.56), average emotional and poor emotional adjustment (Critical Ratio found 5.57) related elders at 0.01 level.

Table 4.03 shows that there is significant difference of attitude towards ageing between good financial adjustment and average financial adjustment (Critical Ratio found 2.77), good financial adjustment and poor financial adjustment (Critical Ratio found 10.33), average financial adjustment and poor financial adjustment (Critical Ratio found 8.09) related elders at 0.01 level.

Thus the elders of good adjustment have significantly more positive attitude towards ageing at 0.01 level. The null hypothesis (3) stating that "There is no significant difference of attitude towards ageing among good, average and poor adjusted elders." is rejected.

PART D

Overall comparison of the attitude towards ageing among different psychological states related elders.

In this section an attempt has been made to study and compare the attitude towards ageing among different psychological states related elders. For this purpose 'Eight State Questionnaire (8SQ) was administered on 600 elders. The elders were divided into three

categories i.e. high, average and low state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The attitude towards ageing scale was administered on high, average and low psychological states related elders. The table 4.04 shows the Mean, S.D. and Critical Ratio of attitude towards ageing among different psychological states as anxiety, stress, depression, regression, fatigue guilt, extroversion and arousal related elders-

The Table 4.04 shows that the elders of low anxiety state have more positive towards ageing (mean 138.80) than high anxiety (mean 135.95) and average anxiety (mean 135.06) related elders. The elders of low stress state have also more positive attitude towards ageing (39.85) than average stress (mean 135.30) and high stress (mean 134.05) related elders. The elders of low depression state have highly positive attitude towards ageing (mean 138.89) than high depression (mean 134.38) and average depression (mean 135.40) related elders. The elders of low regression state have also more positive attitude (mean 138.94) towards ageing than average regression (mean 136.30) and high regression (mean 133.34) related elders.

The table 4.04 shows that the elders of low fatigue state have more positive attitude towards ageing (mean 138.88) than average fatigue (mean 136.70) and high fatigue state (mean 132.93) related

Table 4.04 : Showing Mean, S.D. and Critical Ratio of attitude towards ageing among different psychological states (high, average & low) related elders

Different Psychological States	Eight State Level										Critical Ratio		
	A Good			B Average			C Poor						
	N	Mean	S.D.	N	Mean	S.D.	N	Mean	S.D.	A & B	A & C	B & C	
1. Anxiety	155	135.95	13.07	295	135.06	12.83	150	138.80	13.32	0.69 >0.05	1.89 >0.05	2.83 <0.01	
2. Stress	155	134.05	13.14	280	135.30	12.97	165	139.85	12.56	0.95 >0.05	4.03 <0.01	3.64 <0.01	
3. Depression	188	134.38	12.00	215	135.40	14.12	197	138.89	12.53	0.78>0.05	3.63 <0.01	2.66 <0.01	
4. Regression	154	133.34	12.56	290	136.30	13.23	156	138.94	12.81	2.31<0.05	3.85<0.01	2.05 <0.05	
5. Fatigues	169	132.93	12.37	269	136.70	12.93	162	138.88	13.42	3.04<0.01	4.19<0.01	1.65 >0.05	
6. Guilt	172	133.34	13.54	260	136.06	12.08	168	139.44	13.45	2.13<0.05	4.18<0.01	2.64<0.01	
7. Extroversion	159	136.75	12.64	281	134.74	13.48	160	138.32	12.56	1.57>0.05	1.11 >0.05	2.80 <0.01	
8. Arousal	186	135.80	14.17	244	135.74	12.20	170	137.38	13.09	0.05>0.05	1.10>0.05	1.29>0.05	

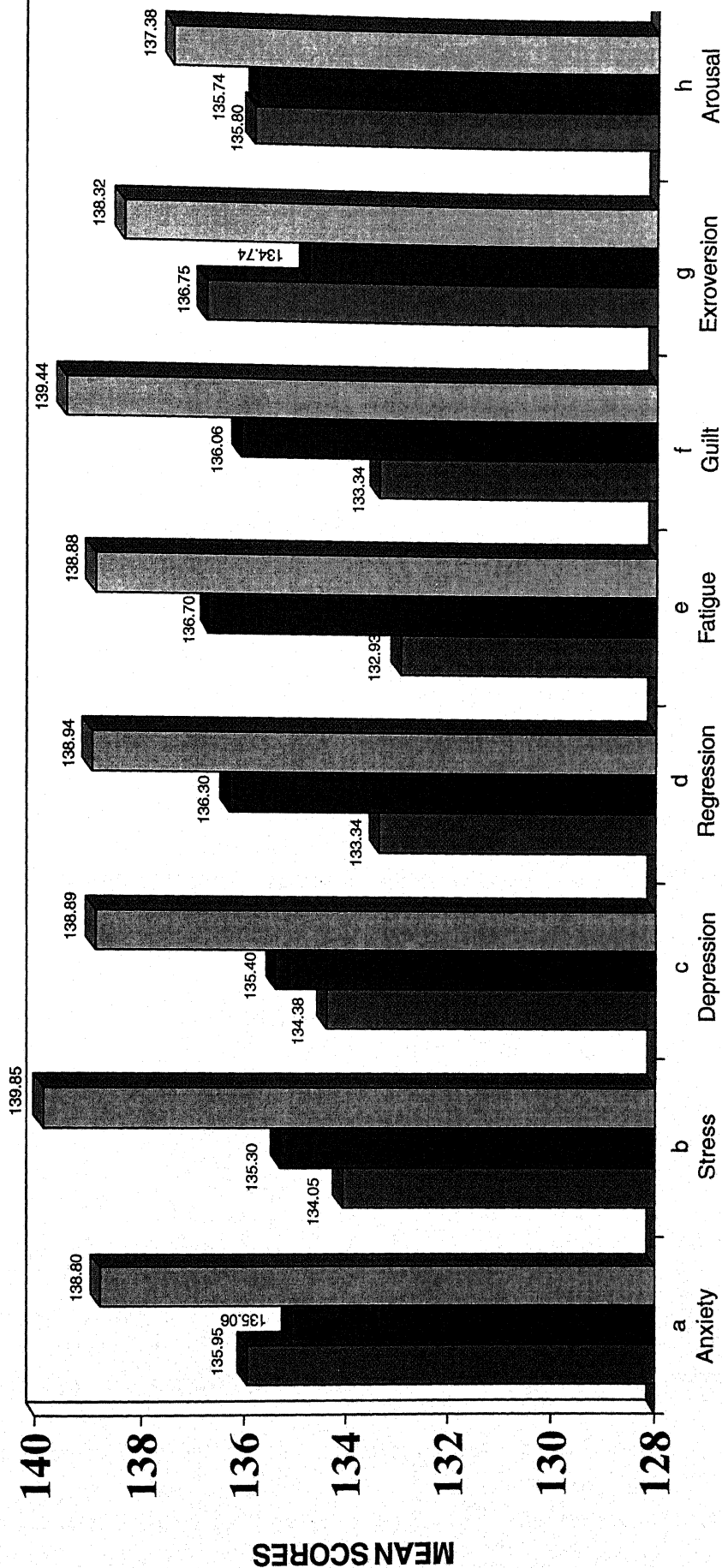
Significant Level at 0.01 → 2.59
0.05 → 1.97

elders. The elders of low guilt state have also more positive attitude towards ageing (mean 139.44) than average guilt state (mean 136.06) and high guilt state (mean 133.34) related elders. The low extroversion elders have more positive attitude toward ageing (mean 138.32) than high extroversion state (mean 136.75) and average extroversion state (mean 134.74) related elders. The elders of low arousal state have more positive attitude towards ageing (mean 137.38) than high arousal state (mean 135.80) and average arousal state (mean 135.74) related elders. Thus the elders of low psychological states as anxiety, stress, depression, regression, fatigue, guilt, extroversion and arousal have more positive attitude towards ageing than average & high psychological states related elders. The *Bar Diagram-4* is also showing the above results.

To see the significant difference of attitude towards ageing among different psychological states related elders, the Critical Ratio were calculated. The table 4.04 shows that there is no significant difference of attitude towards ageing between high anxiety and average anxiety state (Critical Ratio found 0.69, which is not significant at 0.05 level) related elders at 0.05 level. There is also no significant difference of attitude towards ageing between high anxiety and low anxiety state related elders at 0.05 level. The Critical Ratio value found 1.89, which is not significant at 0.05 level. But there is

BAR DIAGRAM -04
SHOWING ATTITUDE TOWARDS AGEING AMONG HIGH, AVERAGE & LOW
DIFFERENT PSYCHOLOGICAL STATES RELATED ELDERS

High State
 Average State
 Low State



EIGHT DIFFERENT PSYCHOLOGICAL STATES

significant difference of attitude towards ageing between average anxiety state and low anxiety state related elders at 0.01 level (Critical Ratio found 2.83).

There is no significant difference of attitude towards ageing between high stress state and average stress state related elders (Critical Ratio found 0.95) at 0.05 level. But there is significant difference of attitude towards ageing between high stress and low stress (Critical Ratio found 4.03) and between average stress and low stress state related elders (Critical Ratio found 3.64) at 0.01 level. There is no significant difference of attitude towards ageing between high depression state and average depression state related elders (Critical Ratio found 0.78) at 0.05 level. But there is significant difference of attitude towards ageing between high depression and low depression state (Critical Ratio found 3.63) and average depression and low depression state related elders (Critical Ratio found 2.66) at 0.01 level.

The table 4.04 shows that there is significant difference of attitude towards ageing between high regression state and average regression state (Critical Ratio found 2.31) related elders at 0.05 level. There is also significant difference of attitude towards ageing between high regression and low regression state related elders. The critical ratio found 3.85, which is significant at 0.01 level. There is

significant difference of attitude towards ageing between average regression state and low regression state (Critical Ratio found 2.05) related elders at 0.05 level.

There is significant difference of attitude towards ageing between high fatigue state and average fatigue state (Critical Ratio found 3.04), between high fatigue state and low fatigue state (Critical Ratio found 4.19) related elders at 0.01 level. But there is no significant difference of attitude towards ageing between average fatigue state and low-fatigue state related elders (Critical Ratio found 1.65) at 0.05 level. There is significant difference of attitude towards ageing between high guilt state and average guilt state related elder at 0.05 level (Critical Ratio found 2.13). There is also significant difference of attitude towards ageing between high guilt and low guilt (Critical Ratio found 4.18), between average guilt and low guilt (Critical Ratio found 2.64) related elders at 0.01 level.

The table 4.04 shows that there is no significant difference of attitude towards ageing between high extroversion state and average extroversion state (Critical Ratio found 1.57), between high extroversion and low extroversion state (Critical Ratio found 1.11) related elders at 0.05 level. But there is significant difference of attitude towards ageing between average extroversion and low extroversion (Critical ratio found 2.80) related elders at 0.01 level. There is no

significant difference of attitude towards ageing between high arousal state and average arousal state (Critical Ratio found 0.05), between high arousal state and low arousal state (Critical Ratio found 1.10), between average arousal state and low arousal state (Critical ratio found 1.29) related elders at 0.05 level.

Thus the elders of low psychological states as anxiety, stress, depression, regression, fatigue, guilt and extroversion have significantly more positive attitude towards ageing than high and average psychological states related elders. The null hypothesis (4) stating that "There is no significant difference of attitude towards ageing among different psychological states related elders". is rejected. *Patil, Patil and Sunil Kumar* (1991) noted that urban older women were less happy and less satisfied as they experienced rejection by their children.

PART E

Overall comparison of the attitude towards ageing among good, average and poor coping strategies related elders.

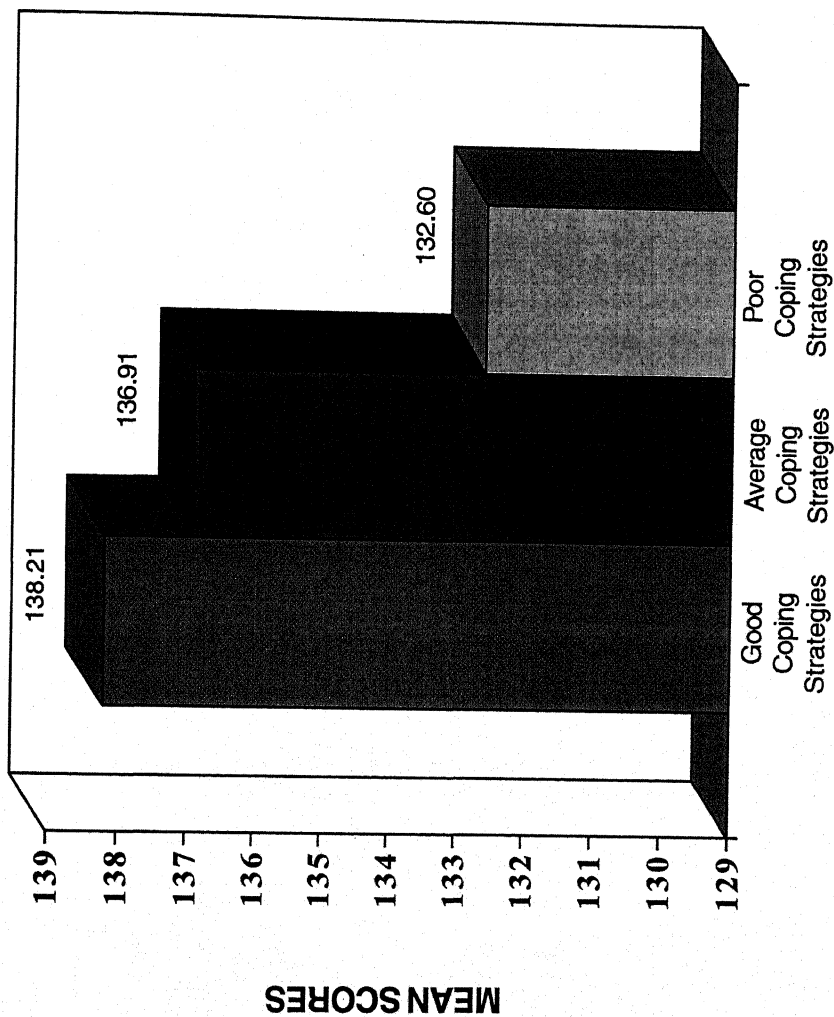
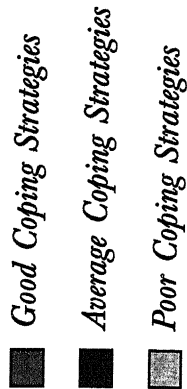
In this section an attempt has been made to study and compare the attitude towards ageing among good, average and poor coping strategies related elders. For this purpose 'Coping Style Scale' was

administered on 600 elders. The elders were divided into three categories i.e. good, average and poor coping strategies on the basis of Quartile₃ (Q₃) and Quartile₁(Q₁) scores. The elders who got 92 (Q₃) and above scores were placed in the good coping strategies category, while the elders who got 81 (Q₁) and below scores were placed in the poor coping strategies category. The elders who got scores between Q₃ and Q₁ (82-91) were placed in the average coping strategies. Thus the Attitude towards Ageing Scale was administered on 183 good, 266 average and 151 poor coping strategies related elders. The table 4.05 shows the Mean, S.D. and Critical Ratio of attitude towards ageing among good, average and poor coping strategies related elders-

The table 4.05 shows that the elders of good coping strategies have more positive attitude (mean 138.21) towards ageing than average coping strategies related (mean 136.91) elders. The elders of average coping strategies have also more positive attitude (mean 136.91) towards ageing than poor coping (mean 132.60) strategies related elders. The *Bar Diagram -5* also showing the above results.

To see the significant difference of attitude towards ageing among good, average and poor coping strategies related elders, Critical Ratios were calculated. The table 4.05 shows that there is no significant difference of attitude towards ageing between good coping

BAR DIAGRAM-5
SHOWING ATTITUDE TOWARDS AGEING AMONG GOOD, AVERAGE & POOR COPING STRATEGIES RELATED ELDERS



strategies and average coping strategies related elders. The Critical Ratio value found 1.08, which is not significant at 0.05 level. But there is significant difference of attitude towards ageing between good coping strategies and poor coping strategies (Critical Ratio found 3.69) related elders at 0.01 level.

Thus the elders of good coping strategies have significantly more positive attitude towards ageing than poor coping strategies related elders at 0.01 level. The elders of average coping strategies have also significantly more positive attitude toward ageing than poor coping strategies related elders at .01 level. The null hypothesis (5) stating that "There is no significant difference of attitude towards ageing among good, average and poor coping strategies related elders" is rejected

While physical health declines progressively with advancing age, mental health is found to be correlated, not with age perspective but with the subjective of well being. The old age women who were satisfied with their life and the available support system experienced less negative moods (Prakash, 1992)

PART F

The effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing

In this section an attempt has been made to study the effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing. For this purpose 'Attitudes Towards Ageing Scale' was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The Table 4.06 shows the Mean and S.D. of different sub groups-

Table 4.06 Showing Mean and S.D. of attitude towards ageing among male & female elder/senior elders

Sub-Groups			Types of Elders		TOTAL
			Elders	Senior Elders	
Gender	Male	N	150	150	300
		Mean	132.32	136.11	134.22
		S.D.	15.92	13.18	14.71
	Female	N	150	150	300
		Mean	137.61	138.85	138.23
		S.D.	10.51	11.26	10.89
TOTAL		N	300	300	600
		Mean	134.97	137.48	136.23
		S.D.	13.72	12.31	13.08

The Table 4.06 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The senior elders have also more positive attitude towards ageing (mean 137.48) than elders (mean 134.97). The female senior elders have highly positive attitude towards ageing (mean 138.85), while the male elders have highly negative attitude (mean 132.32) towards ageing.

To find out the significant effect of gender (male & female) and types of elders (elders & senior elders) on attitude towards ageing, 2×2 factorial design was used and analysis of variance was calculated. The results are given in Table 4.07-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	2420.04	1	2420.04	14.58 <0.01
B Types of Elders (Elders & Senior Elders)	950.04	1	950.04	5.72 <0.05
A×B (Interaction Effect)	244.48	1	244.48	1.47 >0.05
Within Cell	98954.06	596	166.03	Significant at 0.01→ 6.68 0.05→ 3.85
Total	102568.62	599		

Table 4.07 shows that gender (male & female) significantly effect the attitude towards ageing at. 0.01 level. The F Ratio found 14.58, which is significant at .01 level. The types of elders (elders &

senior elders) also significantly effect the attitude towards ageing at 0.05 level (F ratio found 5.72, which is significant at .05 level). But the interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing at 0.05 level (F ratio found 1.47, which is not significant at 0.05 level).

Thus the gender and types of elders significantly effect the attitude towards ageing but the interaction effect of gender & types of ageing do not significantly effect the attitude towards ageing at 0.05 level. The null hypothesis (6) stating that "There is no significant effect of gender (male & female) and types of elders (elders & senior elders) on attitude towards ageing." is rejected.

PART G

The effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing. For this purpose Shamshad-Jasbir old- age Adjustment Inventory' was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good, average and poor adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 88 (Q₃) and above scores were placed in

the good adjustment category, while the elders who got 61 (Q_1) and below scores were placed in the poor adjustment category. The elders who got scores between Q_1 and Q_3 (62-87) were placed in the average adjustment category. Thus the 'Attitude towards Ageing Scale' was administered on 155 good adjustment (64 male & 91 female), 287 average adjustment (143 male & 144 female) and 158 poor adjustment (93 male & 65 female) related elders. The Table 4.08 shows the Mean and S.D. of different subgroups-

Table 4.08 : Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor adjustment related elders-

Sub-Groups			Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	64	143	93	300
		Mean	144.94	135.82	124.37	134.22
		S.D.	14.05	13.47	10.30	14.71
	Female	N	91	144	65	300
		Mean	142.23	138.60	131.81	138.23
		S.D.	10.56	8.95	12.37	10.89
TOTAL		N	155	287	158	600
		Mean	143.35	137.22	127.43	136.22
		S.D.	12.15	11.49	11.75	13.09

The table 4.08 shows that the female elders have more positive

attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good adjustment have relatively more positive attitude (mean 143.35) towards ageing than average adjustment (mean 137.22) and poor adjustment (mean 127.43) related elders. The male elders of good adjustment have highly positive attitude towards ageing (mean 144.94), while the male elders of poor adjustment have highly negative attitude towards ageing (mean 124.37).

To find out the significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing, 2×3 factorial design was used. and analysis of variance was calculated. The results are given in Table 4.09

Table 4.09 : F ratio showing the effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	848.44	1	848.44	6.36 <0.05
B Adjustment (Good, Average & Poor)	18511.55	2	9255.78	69.38 <0.01
A×B (Interaction Effect)	1960.32	2	980.16	7.35 <0.01
Within Cell	79246.32	594	133.41	
Total	102568.62	599		

Significant at 1, 594 : 0.01→ 6.68, 0.05→ 3.85
2,594 : 0.01→ 4.64, 0.05→ 3.01

The table 4.09 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 6.36, which is significant at 0.05 level) at 0.05 level. The adjustment (good, average & poor) also significantly effect the attitude towards ageing (F ratio found 69.38) at 0.01 level. The interaction effect of gender (male & female) and adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 7.35, which is significant at 0.01 level) at 0.01 level.

Thus the null hypothesis (7) stating that "There is no significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing". is rejected. The gender, adjustment and their interaction significantly effect the attitude towards ageing at 0.01 level.

7.01 The effect of gender (male and female) and Health Adjustment (good, average and poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male and female) and Health Adjustment (good, average and poor) on attitude towards ageing. For this purpose 'Shamshad-Jasbir old Age Adjustment inventory' was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good, average and poor health adjustment elders on the basis of Quartile₃

(Q_3) and Quartile₁ (Q_1) scores. The elders got 20 (Q_3) and above scores were placed in the good Health Adjustment category, while the elders who got 11 (Q_1) and below scores were placed in the poor Health Adjustment category. The elders who got scores between Q_3 and Q_1 (12-19) were placed in the average Health Adjustment category, Thus the 'Attitude Towards Ageing Scale' was administered on 154 good Health Adjustment (80 male, 74 female) 278 average Health Adjustment (129 male, 149 female) and 168 poor health adjustment (91 male, 77 female) related elders. The table no. 4.10 shows the Mean and S.D. of different sub groups-

Table 4.10 :Showing Mean and S.D. of attitude towards ageing among male and female of good, average and poor health adjustment related elders.

Sub-Groups			Health Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	80	129	91	300
		Mean	144.17	133.55	126.41	134.22
		S.D.	13.05	13.92	11.98	14.71
	Female	N	74	149	77	300
		Mean	144.55	138.93	134.65	138.23
		S.D.	11.95	10.41	9.94	10.89
TOTAL		N	154	278	168	600
		Mean	142.44	136.44	130.18	136.22
		S.D.	12.62	12.44	11.80	13.09

The table 4.10 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good health Adjustment have relatively more positive attitude (mean 142.44) towards ageing than average health Adjustment (mean 136.44) and poor health adjustment (mean 130.18) related elders. The male elders of good health adjustment have highly positive attitude towards ageing (mean 144.55), while the male elders of poor health adjustment have highly negative attitude towards ageing (mean 126.41).

To find out the significant effect of gender (male and female) and Health Adjustment (good average and poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.11

Table 4.11- F Ratio showing the effect of gender (male and female) and Health Adjustment (good, average and poor) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1552.86	1	1552.86	10.83 <0.01
B Health Adjustment (Good, Average & Poor)	11210.87	2	5605.43	39.10 <0.01
A×B (Interaction Effect)	3112.79	2	1556.39	10.86 <0.01
Within Cell	85146.57	594	143.34	
Total	102568.62	599		

Significant at 1, 594 : 0.01→ 6.68, 0.05→ 3.85

(180) 2,594 : 0.01→ 4.64, 0.05→ 3.01

The table 4.11 shows that gender (male and female) significantly effect the attitude towards ageing (F Ratio found 10.83 which is significant at .01 level) at .01 level. The Health Adjustment (Good, average and poor) also significantly effect the attitude towards ageing (F Ratio found 39.10) at .01 level. The interaction effect of gender (male and female) and Health Adjustment (good, average and poor) significantly effect the attitude towards aging (F Ratio found 10.86, which is significant at 0.01 level) at 0.01 level.

Thus the null hypothesis (7.01) stating that "There is no significant effect of gender (male and female) and Health Adjustment (good, average and poor) on attitude towards ageing" is rejected, The Gender, Health Adjustment and their interaction, significantly effect the attitude towards ageing at 0.01 level,

Physical health was a good predictor of life satisfaction (Anuradha & Prakash, 1991). Good physical health enabled aged women to enjoy the company of others, to lead an active outdoors life, to pursue interests and to maintain social and friendly relationship.

7.02 The effect of gender (male and female) and home adjustment (good average and poor) on attitude towards ageing-

in this section on attempt has been made to study the effect of gender (male and female) and home adjustment (good average and

poor) on attitude towards ageing. For this purpose 'Shamshad- Jasbir old Age Adjustment inventory' was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good average and poor adjusted elders on the basis of Quartil₃ (Q_3) and Quartil₁ (Q_1) scores. The elders got 20 (Q_3) and above scores were placed in the good home adjustment category, while the elders who got 12 (Q_1) and below scores were placed in the poor home Adjustment category. The elders who got scores between Q_1 and Q_3 (13-19) were placed in the average home Adjustment category. Thus the 'Attitude Towards Ageing scale' was administered on 175 good Home Adjustment (72 male and 103 female) 254 average Home Adjustment (142 male and 112 female) and 171 poor Home Adjustment (86male and 85 female) related elders. The table 4.12 shows the Mean and S.D. of different subgroups.

Table 4.12- Showing Mean and S.D. of attitude towards ageing among male and female of good, average and poor Home Adjustment related elders.

Sub-Groups			Home Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	72	142	86	300
		Mean	142.10	134.17	127.70	134.22
		S.D.	12.58	14.78	13.08	14.71
	Female	N	103	112	85	300
		Mean	140.71	138.44	134.96	138.23
		S.D.	9.60	9.73	12.90	10.89
TOTAL		N	175	254	171	600
		Mean	141.28	136.05	131.31	136.23
		S.D.	10.91	12.96	13.45	13.08

The table 4.12 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good Home adjustment have relatively more positive attitude (mean 141.28) towards ageing than average Home Adjustment (mean 136.05) and poor Home Adjustment (mean 131.31) related elders. The male elders of good Home Adjustment have highly positive attitude towards ageing (mean 142.10), while the male elders of poor Home Adjustment have highly negative attitude towards ageing (mean 127.70) .

To find out the significant effect of gender (male female) and Home Adjustment (good average and poor) on attitude towards ageing 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.13

Table 4.13- F Ratio showing the effect of gender (male and female) and Home Adjustment (good, average and poor) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1635.33	1	1635.33	10.74 <0.01
B Home Adjustment (Good, Average & Poor)	8635.32	2	4317.66	28.35 <0.01
A×B (Interaction Effect)	1656.27	2	828.14	5.44 <0.01
Within Cell	90478.12	594	152.32	
Total	102568.63	599		

Significant at (1, 594) 0.01→ 6.68 0.05→ 3.85
(2,594) 0.01→ 4.64, 0.05→ 3.01

The table 4.13 shows that gender (male and female) significantly effect the attitude towards ageing (F Ratio found 10.74 which is significant at .01 level) at 0.01 level. The Home Adjustment (good, average and poor) also significantly effect the attitude towards ageing (F Ratio found 28.35) at 0.01 level. The interaction effect of gender

(male and female) and Home Adjustment (good, average and poor) significantly effect the attitude towards ageing (F Ratio found 5.44 which significant at .01 level) at.01 level.

Thus the null hypothesis (7.02) stating that "There is no significant effect of gender (male and female) and Home Adjustment (good, average and poor) on attitude towards ageing" is rejected. The Gender, Home Adjustment and their interaction significantly effect the attitude towards ageing at 0.01 level.

7.03 The effect of gender (male and female) and social adjustment (good, average and poor) on attitude towards ageing-

In this section an attempt has been made to study the effect of gender (male and female) and social adjustment (good, average and poor) on attitude towards ageing. For this purpose 'Shamshad Jasbir Old Age Adjustment Inventory' was administered on 300 male and 300 female elders. The elders were divided into three categories .e. good, average and poor Social Adjustment elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 17 (Q₃) and above scores were placed in the good Social Adjustment Category, while the elders who got 10 (Q₁) and below scores were placed in the poor Social Adjustment Category. The elders who got scores between Q₁ and Q₃ (11-16) were placed in the average Social Adjustment Category.

Thus the "Attitude Towards Ageing Scale" was administered on 158 good social adjustment (59 male, 99 female), 277 average Social Adjustment (138 male, 139 female) and 165 poor Social Adjustment (103 male 62 female) related elders. The table No. 4.14 shows the Mean and S.D. of different subgroups-

Table 4.14- Showing Mean and S.D. of Attitude towards ageing among male and female of good, average and poor social adjustment related elders.

Sub-Groups			Social Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	59	138	103	300
		Mean	145.32	133.83	128.38	134.22
		S.D.	14.99	12.59	13.71	14.71
	Female	N	99	139	62	300
		Mean	141.85	137.76	133.52	138.23
		S.D.	10.36	9.31	12.96	10.89
TOTAL		N	158	277	165	600
		Mean	143.15	135.80	130.31	136.23
		S.D.	12.37	11.22	13.62	13.08

The table 4.14 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good social adjustment have relatively more positive attitude (mean 143.15) towards ageing their average social adjustment

(mean 135.80) and poor social adjustment (mean 130.31) related. The male elders of good social adjustment have highly positive attitude towards ageing (mean 145.32), while the male elders of poor social adjustment have highly negative attitude towards ageing (mean 128.38).

To find out the significant effect of gender (male and female) and social adjustment (good, average and poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table No. 4.15

Table 4.15- F ratio showing the effect of gender (male and female) and social adjustment (good, average and poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	465.85	1	465.85	3.19 >0.05
B Social Adjustment (Good, Average & Poor)	12334.31	2	6167.16	42.28 <0.01
A×B (Interaction Effect)	1728.72	2	864.36	5.93 <0.01
Within Cell	86636.32	594	145.85	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.15 shows that gender (male and female) significantly effect the attitude towards ageing (F ratio found 3.19, which is significant at 0.05 level) at 0.05 level. The social adjustment (good, average and poor) also significantly effect the attitude towards ageing (F ratio found 42.28) at 0.01 level. The interaction effect of gender (male and female) and social adjustment (good, average and poor) significantly effect the attitude towards ageing (F ratio found 5.93 which is significant at 0.01 level) at 0.01 level.

Thus the null hypothesis (7.03) stating that "There is no significant effect of gender (male and female) and social adjustment (good, average and poor) on attitude towards ageing" is rejected. The Gender, Social adjustment and their interaction significantly effect the attitude towards ageing.

Social support from significant others goes a long way in providing emotional security to the individual. A number of studies have investigated such social support networks of the elderly in India (Chadha, Aggarwal & Mangla, 1990; Dillon, 1992; Gangrade, 1988; Jamuna 1989).

7.04 The effect of gender (male and female) and Marital Adjustment (good, average and poor) on attitude toward ageing :

In this section an attempt has been made to study the effect of

gender (male and female) and Marital Adjustment (good, average and poor) on attitude towards ageing. For this purpose "Shamshad-Jasbir Old Age Adjustment Inventory" was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good, average and poor marital adjusted elders on the basis of Quartile₃ (Q_3) and Quartile₁ (Q_1) scores. The elders got 14 (Q_3) and above scores were placed in the good. Marital Adjustment category, while the elders who got 8 (Q_1) and below scores were placed in the poor Marital Adjustment Category. The elders who got scores between Q_1 and Q_3 (9-13) were placed in the average Marital Adjustment Category. Thus the "Attitude Towards Ageing Scale" was administered on 173 good marital adjustment (73 male 100 female), 227 average Marital Adjustment (126 male 101 female) and 200 poor Marital Adjustment (101 male 99 female) related elders. The table No. 4.16 shows the Mean and S.D. different subgroups :-

Table 4.16: Showing Mean and S.D. of attitude towards ageing among male and female of good, average and poor Marital Adjustment related elders.

Sub-Groups			Marital Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	73	126	101	300
		Mean	141.67	134.15	128.91	134.22
		S.D.	16.20	13.34	12.91	14.71
	Female	N	100	101	99	300
		Mean	142.53	136.79	135.36	138.23
		S.D.	11.26	8.53	11.40	10.89
TOTAL		N	173	227	200	600
		Mean	142.17	135.33	132.10	136.22
		S.D.	13.53	11.50	12.58	13.08

The table 4.16 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good marital adjustment have relatively more positive attitude (mean 142.17) towards ageing than average Marital Adjustment (mean 135.33) and poor Marital Adjustment (Mean 132.10) related elders. The female elders of good marital adjustment have highly positive attitude towards ageing (mean 142.53), while the male elders of poor Marital Adjustment have highly negative attitude towards ageing (mean 128.91).

To find out the significant effect of gender (male and female) and Marital Adjustment (good, average and poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.17

Table No. 4.17 : F ratio showing the effect of gender (male and female) and Marital Adjustment (good, average and poor) on attitude towards ageing.

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A. Gender (Male & Female)	1609.70	1	1609.70	10.58 <0.01
B Marital Adjustment (Good, Average & Poor)	9295.86	2	4647.93	30.55 <0.01
A×B (Interaction Effect)	770.63	2	385.32	2.53 >0.05
Within Cell	90376.89	594	152.15	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.17 shows that gender (male and female) significantly effect the attitude towards ageing (F ratio found 10.58, which is significant at 0.01 level) at 0.01 level. The Marital Adjustment (good, average and poor) also significantly effect the attitude towards ageing (F ratio found 30.55) at 0.01 level. The interaction effect of gender

(male and female) and Marital Adjustment (good, average and poor) significantly effect the attitude towards ageing (F ratio found 2.53, which is significant at 0.05 level) at 0.05 level.

Thus the null hypothesis (7.04) stating that "There is no significant effect of gender (male and female) and Marital Adjustment (good, average and poor) on attitude towards ageing" is rejected. The Gender, Marital Adjustment and their interaction significantly effect the attitude towards ageing.

Aged people from higher socio-economic status with spouse living from joint families with positive attitude towards ageing (Achamamba, 1987; Jamuna, 1984; Ramamurti, 1989).

7.05 The effect of gender (male and female) and emotional adjustment (good, average and poor) on attitude towards ageing

In this section an attempt has been made to study the effect of gender (male and female) and emotional adjustment (good, average and poor) on attitude towards ageing. For this purpose "Shamshad-Jasbir Old Age Adjustment Inventory" was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good, average and poor emotional adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 14 (Q₃) and above scores were placed in the good emotional adjustment

category, while the elders who got 9 (Q_1) and below scores were placed in the poor emotional adjustment category. The elders who got scores between Q_1 and Q_3 (10-13) were placed in the average emotional Adjustment category. Thus the "Attitude Towards Ageing Scale" was administered on 177 good emotional adjustment (76 male & 101 female) 215 average emotional adjustment (112 male & 103 female) and 208 poor emotional Adjustment (112 male & 96 female) related elders. The table No. 4.18 shows the Mean and S.D. of different subgroups:-

Table 4.18: Showing Mean and S.D. of attitude towards ageing among male and female of good, average and poor emotional adjustment related elders.

Sub-Groups			Emotional Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	76	112	112	300
		Mean	143.89	134.85	127.02	134.22
		S.D.	13.82	12.87	13.10	14.71
	Female	N	101	103	96	300
		Mean	142.86	138.11	133.50	138.23
		S.D.	11.02	9.20	10.43	10.89
TOTAL		N	177	215	208	600
		Mean	143.31	136.41	130.01	136.23
		S.D.	12.27	11.35	12.35	13.09

The table 4.18 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good emotional adjustment have relatively more positive attitude (mean 143.31) towards ageing than average emotional adjustment (mean 136.41) and poor emotional adjustment (Mean 130.01) related elders. The male elders of good emotional adjustment have highly positive attitude towards ageing (mean 143.89), while the male elders of poor emotional adjustment have highly negative attitude towards ageing (mean 127.02).

To find out the significant effect of gender (male and female) and emotional Adjustment (good, average and poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.19

Table No. 4.19 : F ratio showing the effect of gender (male and female) and emotional adjustment (good, average and poor) on attitude towards ageing.

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1242.08	1	1242.08	8.90 <0.01
B Emotional Adjustment (Good, Average & Poor)	16242.85	2	8121.42	58.22 <0.01
A×B (Interaction Effect)	1333.45	2	666.72	4.78 <0.01
Within Cell	82865.43	594	139.50	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.19 shows that gender (male and female) significantly effect the attitude towards ageing (F ratio found 8.90, which is significant at 0.01 level) at 0.01 level. The emotional adjustment (good, average and poor) also significantly effect the attitude towards ageing (F ratio found 58.22) at 0.01 level. The interaction effect of gender (male and female) and emotional adjustment (good, average and poor) significantly effect the attitude towards ageing (F ratio found 4.78, which is significant at 0.01 level) at 0.01 level.

Thus the null hypothesis (7.05) stating that "There is no

significant effect of gender (male and female) and emotional adjustment (good, average and poor) on attitude towards ageing" is rejected. The gender, emotional adjustment and their interaction significantly effect the attitude towards ageing at 0.01 level.

Closely related to the problem of the elderly is their mental health which is affected by the unwelcome changes in old age insecurity, loneliness, loss of status and power and death anxiety (World Health Organisation, 1959).

7.06 The effect of gender (male and female) and financial adjustment (good, average and poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male and female) and financial adjustment (good, average and poor) on attitude towards ageing. For this purpose "Shamshad-Jasbir Old Age Adjustment Inventory" was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. good, average and poor financial adjusted elders on the basis of Quartile₃ (Q_3) and Quartile₁ (Q_1) scores. The elders got 11 (Q_3) and above scores were placed in the good financial adjustment category, while the elders who got 7 (Q_1) and below scores were placed in the poor financial adjustment Category. The elders who got scores between Q_1 and Q_3 (8-10) were placed in the average financial Adjustment category. Thus the "Attitude Towards Ageing Scale" was

administered on 171 good financial adjustment (74 male, 97 female) 211 average financial adjustment (105 male 106 female) and 218 poor financial adjustment (121 male 97 female) related elders. The table No. 4.20 shows the Mean and S.D. of different subgroups:-

Table 4.20: Showing Mean and S.D. of attitude towards ageing among male and female of good, average and poor financial adjustment related elders.

Sub-Groups			Financial Adjustment			TOTAL
			Good	Average	Poor	
Gender	Male	N	74	105	121	300
		Mean	141.66	137.48	126.83	134.22
		S.D.	13.99	13.27	13.00	14.71
	Female	N	97	106	97	300
		Mean	142.33	139.77	132.45	138.23
		S.D.	10.29	10.17	9.85	10.87
TOTAL		N	171	211	218	600
		Mean	142.04	138.63	129.33	136.23
		S.D.	12.00	11.84	12.01	13.09

The table 4.20 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good financial adjustment have relatively more positive attitude (mean 142.04) towards ageing than average financial adjustment (mean 138.63) and poor financial adjustment (Mean 129.33)

related elders. The male elders of good financial adjustment have highly positive attitude towards ageing (mean 141.66), while the male elders of poor financial adjustment have highly negative attitude towards ageing (mean 126.83).

To find out the significant effect of gender (male and female) and financial adjustment (good, average and poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.21

Table No. 4.21 : F ratio showing the effect of gender (male and female) and financial adjustment (good, average and poor) on attitude towards ageing.

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1200.98	1	1200.98	8.57 <0.01
B Financial Adjustment (Good, Average & Poor)	16128.22	2	8064.11	57.56 <0.01
A×B (Interaction Effect)	623.39	2	311.69	2.22 >0.05
Within Cell	83217.49	594	140.10	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.21 shows that gender (male and female) significantly effect the attitude towards ageing (F ratio found 8.57, which is significant at 0.01 level) at 0.01 level. The financial adjustment (good, average and poor) also significantly effect the attitude towards ageing (F ratio found 57.56) at 0.01 level. The interaction effect of gender (male and female) and financial adjustment (good, average and poor) significantly effect the attitude towards ageing (F ratio found 2.22, which is significant at 0.05 level) at 0.05 level.

Thus the null hypothesis (7.06) stating that "There is no significant effect of gender (male and female) and financial adjustment (good, average and poor) on attitude towards ageing" is rejected. The gender, financial adjustment and their interaction significantly effect the attitude towards ageing.

PART H

The effect of gender (male & female) and different psychological states (high, average and low) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female) and different psychological states as anxiety, stress, depression, regression, fatigue, guilt, extroversion and arousal on attitude towards ageing.

8.01 To study the effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.

To study the effect of gender and anxiety state on attitude towards ageing 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and poor anxiety state related elders on the basis of Quartile₃ (Q₃) and Quatile₁ (Q₁) scores. The elders got 19 (Q₃) and above scores were placed in the high anxiety state category, while the elders got 11 (Q₁) and below scores were placed in the low anxiety state. The elders who got scores between Q₁ and Q₃ (12-18) were placed in the average anxiety state category. Thus the "Attitude towards Ageing Scale' was administered on 155 high anxiety state (104 male and 51 female), 295 average anxiety state (159 male & 136 female) and 150 low anxiety state (37 male and 113 female) related elders. The table 4.22 shows the Mean and S.D. of different subgroups

Table 4.22 Showing Mean and S.D. of attitude towards ageing among high, average & low anxiety state related elders-

Sub-Groups			Anxiety			TOTAL
			High	Average	Low	
Gender	Male	N	104	159	37	300
		Mean	135.00	133.68	134.32	134.22
		S.D.	14.46	14.34	17.15	14.71
	Female	N	51	136	113	300
		Mean	137.88	136.68	140.27	138.23
		S.D.	9.47	10.64	11.52	10.89
TOTAL		N	155	295	150	600
		Mean	135.95	135.06	138.80	136.23
		S.D.	13.07	12.83	13.32	13.09

Table 4.22 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low anxiety state have positive attitude (mean 138.80) towards ageing than average anxiety state (mean 135.06) and high anxiety state (mean 135.95) elders. The female elders of low anxiety state have highly positive attitude (mean 140.27) towards ageing, while the male elders of average anxiety state have highly negative attitude (mean 133.68) toward ageing.

To find out the significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing, 2×3

factorial design was used and analysis of variance was calculated. The results are given in table 4.23-

Table 4.23 F ratio showing the effect of gender (male and female) and anxiety (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A. Gender (Male & Female)	1774.53	1	1774.53	10.62 <0.01
B Anxiety State (High, Average & Low)	409.34	2	204.67	1.22 >0.05
A×B (Interaction Effect)	196.94	2	98.47	0.59 >0.05
Within Cell	99235.84	594	167.06	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.23 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 10.62, which is significant at 0.01 level) at 0.01 level. But the anxiety state (high, average & low) does not significantly effect the attitude towards ageing (F ratio found 1.22) at 0.05 level. The interaction effect of gender (male and female) and anxiety state (high, average and low) also do not significantly effect the attitude towards ageing (F ratio found 0.59, which is not significant at 0.05 level) at 0.05 level.

Thus the null hypothesis (8.01) stating "There is no significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing." is rejected. The gender (male & female) significantly effect the attitude towards ageing but the anxiety state does not significantly effect the attitude towards ageing.

Nag & Kumar (1988) studied on the 60+ aged and found that symptoms of anxiety and depression in 50 percent of cases.

8.02 To study the effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing

To study the effect of gender and stress state on attitude towards ageing 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low stress state related elders on the basis of Quartile₃ (Q_3) and Quatile₁ (Q_1) scores. The elders got 18 (Q_3) and above scores were placed in the high stress state category, while the elders got 12 (Q_1) and below scores were placed in the low stress state. The elders who got scores between Q_1 and Q_3 (13-17) were placed in the average stress state category. Thus the "Attitude towards Ageing Scale' was administered on 155 high stress state (103 male and 52 female), 280 average stress state (142 male & 138 female) and 165 low stress state (55 male and 110 female) related elders. The

table 4.24 shows the Mean and S.D. of different subgroups

Table 4.24 Showing Mean and S.D. of attitude towards ageing among high, average & low stress state related elders-

Sub-Groups			Stress			TOTAL
			High	Average	Low	
Gender	Male	N	103	142	55	300
		Mean	132.93	133.37	138.80	134.22
		S.D.	13.30	15.96	13.15	14.71
	Female	N	52	138	110	300
		Mean	136.25	137.28	140.37	138.23
		S.D.	12.66	8.54	12.28	10.89
TOTAL		N	155	280	165	600
		Mean	134.05	135.30	139.85	136.25
		S.D.	13.14	12.97	12.56	13.09

Table 4.24 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low stress state have positive attitude (mean 139.85) towards ageing than average stress state (mean 135.30) and high stress state (mean 134.05) elders. The female elders of low stress state have highly positive attitude (mean 140.37) towards ageing, while the male elders of high stress state have highly negative attitude (mean 132.93) towards ageing.

To find out the significant effect of gender (male & female) and

stress state (high average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table 4.25

Table 4.25 F ratio showing the effect of gender (male and female) and stress (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A. Gender (Male & Female)	1096.63	1	1096.63	6.66 <0.05
B Stress (High, average & low)	2252.89	2	1126.45	6.84 <0.01
A×B (Interaction Effect)	131.78	2	65.89	0.40 >0.05
Within Cell	97887.55	594	164.79	
Total	102568.63	5994		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.25 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 6.66, which is significant at .05 level) at .05 level. The stress state (high, average & low) also significantly effect the attitude towards ageing (F ratio found 6.84) at 0.01 level. But the interaction effect of gender (male and female) and stress state (high, average and poor) do not significantly effect the attitude towards ageing (F ratio found 0.40,

which is not significant at 0.05 level) at 0.05 level.

Thus the null hypothesis (8.02) "There is no significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing" is rejected.

The gender (male & female) and stress state significantly effect the attitude towards ageing but the interaction of gender & stress state do not significantly effect the attitude towards ageing.

On a group of male indoor patients (60+ years) with myocardial infraction in a Kanpur hospital, Singh & Mishra (1987) found that a higher number of stressful event occurred in these patients with death of a close family member and changing financial status being the most detrimental life events.

8.03 To study the effect of gender (male and female) and Depression state (high, average and low) on attitude towards ageing.

To study the effect of gender and Depression state on attitude towards ageing 'Eight state Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low depression state related elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores, The elders got 19 (Q₃) and above scores were placed in the high Depression State

category, while the elders got 14 (Q_1) and below scores were placed in the low depression state. The elders who got scores between Q_1 and Q_3 (15-18) were placed in the average depression state category. Thus the "Attitude towards Ageing Scale" was administered on 188 high depression state (82 male and 106 female), 215 average depression state (124 male and 91 female) and 197 low Depression State (94 male & 103 female) related elders. The table 4.26 shows the Mean and S.D. of different subgroups-

Table 4.26 Showing Mean and S.D. of attitude towards ageing among high, average & low Depression state related elders-

Sub-Groups			Depression State			TOTAL
			High	Average	Low	
Gender	Male	N	82	124	94	300
		Mean	131.13	133.65	137.65	134.22
		S.D.	13.73	15.37	14.08	14.71
	Female	N	106	91	103	300
		Mean	136.90	137.77	140.02	138.23
		S.D.	9.82	11.90	10.86	10.89
TOTAL		N	188	215	197	600
		Mean	134.38	135.40	138.89	136.23
		S.D.	12.00	14.12	12.53	13.09

Table 4.26 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22).

The elders of low Depression state have positive attitude (mean 138.89) towards ageing than average Depression state (mean 135.40) and high Depression state (mean 134.38) elders. The female elders of low Depression state have highly positive attitude (mean 140.02) towards ageing, while the male elders of high Depression state have highly negative attitude (mean 131.13) towards ageing.

To find out the significant effect of gender (male & female) and Depression state (high, average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table 4.27-

Table 4.27 F ratio showing the effect of gender (male and female) and Depression (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A. Gender (Male & Female)	2458.27	1	2458.27	14.95 <0.01
B Depression (High, Average & low)	2296.83	2	1148.41	6.98 <0.01
A×B (Interaction Effect)	274.38	2	137.19	0.83 >0.05
Within Cell	97685.00	594	164.45	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01
(208)

The table 4.27 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 14.95, which is significant at 0.01 level) at 0.01 level. The Depression state (high, average & low) also significantly effect the attitude towards ageing (F ratio found 6.98) at .01 level. The interaction effect of gender (male and female) and Depression state (high, average and low) do not significantly effect the attitude towards ageing (F ratio found .83, which is not significant at .05 level) at .05 level.

Thus the null hypothesis (8.03) "There is no significant effect of gender (male & female) and Depression state (high, average & low) on attitude towards ageing" is rejected. The gender (male & female) significantly effect the attitude towards ageing. The Depression state also significantly effect the attitude towards ageing.

Venkoba Rao and Madhavan (1982) studied a large sample of individuals aged sixty years and above (N= 686, Men = 291, Women 395) and found that depression alone contributed 67 percent of the total psychiatric morbidity. Moreover, there could be a large segment of invisible depression which escapes detection in the community and the incidence of depression in the aged could be higher than what has been observed. (Ramchandra and Sarada Menon,1980).

8.04 To study the effect of gender (male & female) and Regression state (high, average & low) on attitude towards ageing

To study the effect of gender and regression state on attitude towards ageing 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and poor regression state related elders on the basis of Quartile₃ (Q_3) and Quartile₁ (Q_1) scores. The elders got 19 (Q_3) and above scores were placed in the high regression state category, while the elders got 12 (Q_1) and below scores were placed in the low regression state. The elders who got scores between Q_1 and Q_3 (13-18) were placed in the average regression state category. Thus the "Attitude towards Ageing Scale" was administered on 154 high regression state (88 male and 66 female), 290 average regression state (158 male & 132 female) and 156 low regression state (54 male and 102 female) related elders. The table 4.28 shows the Mean and S.D. of different subgroups

Table 4.28 Showing Mean and S.D. of attitude towards ageing among high, average & low regression state related elders-

Sub-Groups			Regression			TOTAL
			High	Average	Low	
Gender	Male	N	88	158	54	300
		Mean	129.64	135.95	136.61	134.22
		S.D.	13.60	14.50	15.67	14.71
	Female	N	66	132	102	300
		Mean	138.27	136.72	140.17	138.23
		S.D.	8.96	11.57	10.89	10.88
TOTAL		N	154	290	156	600
		Mean	133.34	136.30	138.94	136.23
		S.D.	12.56	13.23	12.81	13.09

Table 4.28 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low regression state have positive attitude (mean 138.94) towards ageing than average regression state (mean 136.30) and high regression state (mean 133.34) elders. The female elders of low regression state have highly positive attitude (mean 140.17) towards ageing, while the male elders of high regression state have highly negative attitude (mean 129.64) towards ageing.

To find out the significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing, 2×3

factorial design was used and analysis of variance was calculated. The results are given in table 4.29-

Table 4.29 F ratio showing the effect of gender (male and female) and regression (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	2444.19	1	2444.19	14.99 <0.01
B Regression (High, Average & low)	1442.37	2	721.18	4.42 <0.05
A×B (Interaction Effect)	1530.96	2	765.48	4.70 <0.01
Within Cell	96834.68	594	163.02	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.29 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 14.99, which is significant at 0.01 level) at 0.01 level. The regression state (high, average & low) also significantly effect the attitude towards ageing (F ratio found 4.42) at .05 level. The interaction effect of gender (male and female) and regression state (high, average and low) also significantly effect the attitude towards ageing (F ratio found 4.70, which is significant at .01 level) at .01 level.

Thus the null hypothesis (8.04) "There is no significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing" is rejected. The gender (male & female) significantly effect the attitude towards ageing and regression state also significant effect the attitude towards ageing. The interaction of gender and regression state also significantly effect the attitude towards ageing.

8.05 To study the effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing

To study the effect of gender and fatigue state on attitude 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low fatigue state related elders on the basis of Quartile₃ (Q_3) and Quartile₁ (Q_1) scores. The elders got 18 (Q_3) and above scores were placed in the high fatigue state category, while the elders got 11(Q_1) and below scores were placed in the low fatigue state. The elders who got scores between (Q_1 and Q_3) (12-17) were placed in the average fatigue state category. Thus the 'Attitude towards ageing scale" was administered on 169 high fatigue state (90 male and 79 female) 269 average fatigue state (152 male & 117 female) and 162 low fatigue state (58 male & 104 female) related elders. The Table 4.30

shows the Mean and S.D.of different subgroups.

Table 4.30 Showing Mean and S.D. of attitude towards ageing among high, average & low fatigue state related elders-

Sub-Groups			Fatigue			TOTAL
			High	Average	Low	
Gender	Male	N	90	152	58	300
		Mean	131.62	135.10	135.93	134.22
		S.D.	14.40	14.86	14.52	14.71
	Female	N	79	117	104	300
		Mean	134.42	138.77	140.53	138.23
		S.D.	9.43	9.55	12.53	10.89
TOTAL		N	169	269	162	600
		Mean	132.93	136.70	138.88	136.23
		S.D.	12.37	12.93	13.42	13.09

Table 4.30 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low fatigue state have positive attitude (mean 138.88) towards ageing than average fatigue state (mean 136.70) and high fatigue state (mean 132.93) elders. The female elders of low fatigue state have highly positive attitude (mean 140.53) towards ageing, while the male elders of high fatigue state have highly negative attitude (mean 131.62) towards ageing.

To find out the significant effect of gender (male & female) and

fatigue state (high, average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table 4.31-

Table 4.31 F ratio showing the effect of gender (male and female) and fatigue (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1861.68	1	1861.68	11.34 <0.01
B Fatigue (High, Average & low)	2455.39	2	1227.69	7.48 <0.01
A×B (Interaction Effect)	64.19	2	32.10	0.20 >0.05
Within Cell	97522.30	594	164.18	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.31 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 11.34, which is significant at 0.01 level) at 0.01 level. The fatigue state (high, average & low) also significantly effect the attitude towards ageing (F ratio found 7.48) at .01 level. But the interaction effect of gender (male and female) and fatigue state (high, average and low) do not significantly effect the attitude towards ageing (F ratio found 0.20,

which is not significant at 0.05 level) at .05 level.

Thus the null hypothesis (8.05) "There is no significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing" is rejected. The gender (male & female) and fatigue state significantly effect the attitude towards ageing. But the interaction effect of gender and fatigue state do not significantly effect the attitude towards ageing.

8.06 To study the effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing

To study the effect of gender and guilt state on attitude 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low guilt state related elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 18 (Q₃) and above scores were placed in the high guilt state category, while the elders got 10(Q₁) and below scores were placed in the low guilt state. The elders who got scores between Q₁ and Q₃ (11-17) were placed in the average guilt state category. Thus the 'Attitude towards Ageing Scale" was administered on 172 high guilt state (86 male and 86 female) 260 average guilt state (153 male & 107 female) and 168 low guilt state (61 male & 107 female) related elders. The table 4.32 shows the Mean and S.D. of different subgroups-

Table 4.32 Showing Mean and S.D. of attitude towards ageing among high, average & low guilt state related elders-

Sub-Groups			Guilt			TOTAL
			High	Average	Low	
Gender	Male	N	86	153	61	300
		Mean	130.27	135.15	137.44	134.22
		S.D.	15.13	13.99	14.93	14.71
	Female	N	86	107	107	300
		Mean	136.41	137.36	140.58	138.23
		S.D.	11.00	8.55	12.45	10.89
TOTAL		N	172	260	168	600
		Mean	133.34	136.06	139.44	136.23
		S.D.	13.54	12.08	13.45	13.09

Table 4.32 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low guilt state have positive attitude (mean 139.44) towards ageing than average guilt state (mean 136.06) and high guilt state (mean 133.34) elders. The female elders of low guilt state have highly positive attitude (mean 140.58) towards ageing, while the male elders of high guilt state have highly negative attitude (mean 130.27) towards ageing.

To find out the significant effect of gender (male & female) and

guilt state (high, average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table 4.33-

Table 4.33 F ratio showing the effect of gender (male and female) and guilt (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	2031.81	1	2031.81	12.43 <0.01
B Guilt (High, Average & Low)	2635.25	2	1317.62	8.06 <0.1
A×B (Interaction Effect)	408.14	2	204.07	1.25 >0.05
Within Cell	97080.78	594	163.44	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.33 shows that the gender (male & female) significantly effect the attitude towards ageing (F ratio found 12.43, which is significant at 0.01 level) at 0.01 level. The guilt state (high, average & low) also significantly effect the attitude towards ageing (F ratio found 8.06) at .01 level. The interaction effect of gender (male and female) and guilt state (high, average and low) do not significantly

effect the attitude towards ageing (F ratio found 1.25, which is not significant at 0.05 level) at .05 level.

Thus the null hypothesis (8.06) "There is no significant effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing" is rejected. The gender (male & female) and guilt state significantly effect the attitude towards ageing at 0.01 level.

8.07 To study the effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing

To study the effect of gender and extroversion state (high, average and low) on attitude towards ageing 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low extroversion state related elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 20 (Q₃) and above scores were placed in the high extroversion state category, while the elders got 14 (Q₁) and below scores placed in the low extroversion state category. The elders who got scores between Q₁ and Q₃ (15-19) were placed in the average extroversion state category. Thus the 'Attitude towards Ageing Scale was administered on 159 High extroversion state (111 male & 48 female), 281 average extroversion state (152 male and 129 female) and 160 low extroverssion state (37 male and 123 female)

related elders. The table 4.34 shows the Mean and S.D. of different subgroups-

Table 4.34 Showing Mean and S.D. of attitude towards ageing among high, average & low extroversion state related elders-

Sub-Groups			Extroversion			TOTAL
			High	Average	Low	
Gender	Male	N	111	152	37	300
		Mean	136.05	132.96	133.89	134.22
		S.D.	13.82	14.87	16.42	14.71
	Female	N	48	129	123	300
		Mean	138.38	136.83	139.65	138.23
		S.D.	9.28	11.34	10.87	10.89
TOTAL		N	159	281	160	600
		Mean	136.75	134.74	138.32	136.23
		S.D.	12.64	13.48	12.56	13.09

Table 4.34 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low extroversion state (introversion) have positive attitude (mean 138.32) towards ageing than average extroversion state (mean 134.74) and high extroversion state (mean 136.75) elders. The female elders of low extraversion state have highly positive attitude (mean 139.65) towards ageing, while the male elders of average extroversion state have highly negative attitude (mean 132.96) towards ageing.

To find out the significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.35-

Table 4.35 F ratio showing the effect of gender (male and female) and extroversion (high, average & low) on attitude towards ageing.

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1802.33	1	1802.33	10.81 <0.01
B Extroversion (High, Average & Low)	598.23	2	299.12	1.79 >0.05
A×B (Interaction Effect)	180.89	2	90.44	0.54 >0.05
Within Cell	99031.57	594	166.72	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.35 shows that the gender (male and female) significantly effect the attitude towards ageing (F ratio found 10.81, which is significant at 0.01 level) at 0.01 level. But the extroversion state (high, average and low) does not significantly effect the attitude towards ageing (F ratio found 1.79) at 0.05 level. The interaction effect of gender (male and female) and extroversion state (high,

average and low) also do not significantly effect the attitude towards ageing (F ratio found 0.54, which is not significant at 0.05 level) at 0.05 level.

Thus the null hypothesis (8.07) "There is no significant effect of gender (male and female) and extroversion state (high, average and low) on attitude towards ageing" is rejected. The gender (male and female) significantly effect the attitude towards ageing but the extroversion state does not significantly effect the attitude towards ageing.

8.08 To study the effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

To study the effect of gender and arousal state on attitude towards ageing 'Eight State Questionnaire' (8SQ) was administered on 300 male and 300 female elders. The elders were divided into three categories i.e. high, average and low arousal state related elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The elders got 19 (Q₃) and above scores were placed in the high arousal state category, while the elders got 14 (Q₁) and below scores placed in the low arousal state. The elders who got scores between Q₁ and Q₃ (15-18) were placed in the average arousal state category. Thus the 'Attitude towards ageing scale" was administered on 186 High arousal state (134 male & 52 female), 244 average arousal state (138 male & 106

female) and 170 low arousal state (28 male and 142 female) related elders. The table 4.36 shows the Mean and S.D. of different subgroups-

Table 4.36 Showing Mean and S.D. of attitude towards ageing among high, average & low arousal state related elders-

Sub-Groups			Arousal			TOTAL
			High	Average	Low	
Gender	Male	N	134	138	28	300
		Mean	134.81	135.34	125.86	134.22
		S.D.	15.36	13.55	14.89	14.71
	Female	N	52	106	142	300
		Mean	138.38	136.26	139.65	138.23
		S.D.	10.19	10.21	11.45	10.89
TOTAL		N	186	244	170	600
		Mean	135.80	135.74	137.38	136.23
		S.D.	14.17	12.20	13.09	13.09

Table 4.36 shows that female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of low arousal state have positive attitude (mean 137.38) towards ageing than average arousal state (mean 135.74) and high arousal state (mean 135.80) elders. The female elders of low arousal state have highly positive attitude (mean 139.65) towards ageing, while the male elders of low arousal state have highly negative attitude

(mean 125.86) towards ageing.

To find out the significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in table no. 4.37-

Table 4.37 F ratio showing the effect of gender (male and female) and arousal (high, average & low) on attitude towards ageing.

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A. Gender (Male & Female)	3885.19	1	3885.19	23.73 <0.01
B Arousal (High, Average & Low)	907.03	2	453.52	2.77 >0.05
A×B (Interaction Effect)	2809.16	2	1404.58	8.58 <0.01
Within Cell	97274.68	594	163.76	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.37 shows that the gender (male and female) significantly effect the attitude towards ageing (F ratio found 23.73, which is significant at 0.01 level) at 0.01 level. But the arousal state (high, average and low) does not significantly effect the attitude

towards ageing (F ratio found 2.77) at 0.05 level. The interaction effect of gender (male and female) and arousal state (high, average and low) significantly effect the attitude towards ageing (F ratio found 8.58, which is significant at 0.01 level) at 0.01 level.

Thus the null hypothesis (8.08) "There is no significant effect of gender (male and female) and arousal state (high, average and low) on attitude towards ageing" is rejected. The gender (male and female) significantly effect the attitude towards ageing but the arousal state does not significantly effect the attitude towards ageing.

PART I

The effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing. For this purpose "Coping Style Scale" was administered on 600 elders (300 male & 300 female). The elders were divided into three categories i.e. good, average and poor coping strategies on the basis of Quartile₃(Q₃) and Quartile₁(Q₁) scores. The elders got 92 (Q₃) and above scores were placed in the good coping strategies category, while the elders who got 81 (Q₁) and below scores

were placed in the poor coping strategies category. The elders who got scores between Q_1 and Q_3 (82-91) were placed in the average coping strategies. Thus the "Attitude toward Ageing Scale" was administered on 183 good coping (71 male & 112 female), 266 average (120 male & 146 female) and 151 poor coping strategies related (109 male & 42 female) elders. The table 4.38 shows the Mean and S.D. of different subgroups-

Table 4.38 : Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor coping strategies related elders-

Sub-Groups			Coping Strategies			TOTAL
			Good	Average	Poor	
Gender	Male	N	71	120	109	300
		Mean	136.17	135.83	131.17	134.22
		S.D.	16.29	12.34	15.64	14.71
	Female	N	112	146	42	300
		Mean	139.51	137.81	136.33	138.23
		S.D.	9.77	11.66	10.78	10.89
TOTAL		N	183	266	151	600
		Mean	138.21	136.91	132.60	136.23
		S.D.	12.76	11.99	14.61	13.09

The table 4.38 shows that the female elders have more positive attitude towards ageing (mean 138.60) than male elders (mean

134.22). The elders of good coping strategies have more positive attitude towards (mean 138.21) ageing than average (mean 136.91) and poor coping strategies related elders (mean 132.60). The female elders of good coping strategies have highly positive attitude (mean 139.51) towards ageing, while the male elders of poor coping strategies have highly negative attitude (mean 131.17) towards ageing.

To find out the significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing, 2×3 factorial design was used and analysis of variance was calculated. The results are given in Table 4.39-

Table 4.39 F ratio showing the effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing -

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1541.87	1	1541.87	9.33 <0.01
B Coping Strategies (Good, Average & Poor)	1255.25	2	627.62	3.80 <0.05
A×B (Interaction Effect)	216.56	2	108.28	0.66 >0.05
Within Cell	98188.23	594	165.30	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.39 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 9.33) at 0.01 level. The coping strategies (good, average & poor) also significantly effect the attitude towards ageing at 0.05 level (F ratio found 3.80, which is significant at 0.05 level). But the interaction effect of gender (male & female) and coping strategies (good, average & poor) do not significantly effect the attitude towards ageing (F ratio found 0.66) at 0.05 level. Thus the null hypothesis (9) stating that "There is no significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing." is rejected. The gender and coping strategies significantly effect the attitude towards ageing.

Holahan and Moos (1986) noted that feeling of self-confidence, an easy-going disposition, a disinclination to use avoidance coping and availability of family support operate jointly to protect individuals from negative psychosocial consequences of life.

PART J

The effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventoroy" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 155 good adjustment (70 elders & 85 senior elders), 287 average adjustment (118 elders & 169 senior elders) and 158 poor adjustment (112 elders & 46 senior elders) related elders. The Table 4.40 shows the Mean and S.D. of different subgroups-

Table 4.40 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor adjustment related elders & senior elders-

Sub-Groups			Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	18	46	60	83	72	21	300
		Mean	156.67	140.35	136.63	135.24	122.64	130.29	134.22
		S.D.	13.47	11.45	12.50	14.18	9.86	9.73	14.71
	Female	N	52	39	58	86	40	25	300
		Mean	144.08	139.77	136.84	139.79	130.33	134.20	138.23
		S.D.	10.04	10.87	7.63	9.59	9.68	15.69	10.89
TOTAL		N	70	85	118	169	112	46	600
		Mean	147.31	140.08	136.74	137.56	125.38	132.41	136.23
		S.D.	12.24	11.13	10.35	12.25	10.43	13.32	13.09

The table 4.40 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good adjustment have more positive attitude towards ageing (mean 147.31) than average adjustment (mean 136.74) and poor adjustment (mean 125.38) related elders. The senior elders of good adjustment have also more positive attitude (mean 140.08) than average adjustment (mean 137.56) and poor adjustment (mean 132.41) related elders. The male elders of good adjustment have highly positive

attitude (mean 156.67) towards ageing, while the male elders of poor adjustment have highly negative attitude (mean 122.64) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.41-

Table 4.41 *F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing-*

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	33.30	1	33.30	0.27 >0.05
B Type of Elders (Elders & Senior Elders)	186.19	1	186.19	1.48 >0.05
C Adjustment (Good, Average & poor)	16181.58	2	8090.79	64.43 <0.01
A×B Interaction	516.54	1	516.54	4.11 <0.05
A×C Interaction	2744.27	2	1372.14	10.93 <0.01
B×C Interaction	4496.75	2	2248.38	17.91 <0.01
A×B×C Interaction	1001.78	2	500.89	3.99 <0.05
Within Cell	73837.67	588	125.57	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
 2,594 0.01→ 4.64, 0.05→ 3.01
 (231)

The table 4.41 shows that gender (male & female) does not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 0.27, which is not significant at 0.05 level. The types of elders (elders & senior elders) also does not significantly effect the attitude towards ageing (F ratio found 1.48) at 0.05 level. But the adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 64.43) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) also significantly effect the attitude towards ageing (F ratio found 4.11) at 0.05 level. The interaction effect of gender (male & female) and adjustment (good, average & poor) significantly effect the attitude towards ageing at 0.01 level. The F ratio found 10.93, which is significant at 0.01 level. The interaction effect of types of elders (elders & senior elders) and adjustment also significantly effect the attitude towards ageing at 0.01 level (F ratio found 17.91). The interaction effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 3.99) at 0.05 level.

Thus the null hypothesis (10) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing". is rejected.

10.01 The effect of gender (male & female), types of elders (elders & senior elder) and health adjustmetn (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventoroy" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 154 good health adjustment (53 elders & 101 senior elders), 278 average health adjustment (135 elders & 143 senior elders) and 168 poor health adjustment (112 elders & 56 senior elders) related elders. The Table 4.42 shows the Mean and S.D. of different subgroups-

Table 4.42 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor health adjustment related elders & senior elders-

Sub-Groups			Health Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	24	56	67	62	59	32	300
		Mean	154.13	139.94	133.19	133.94	122.46	133.69	134.22
		S.D.	11.54	11.28	12.95	14.99	10.51	11.21	14.71
	Female	N	29	45	68	81	53	24	300
		Mean	143.55	138.62	138.00	139.72	133.87	136.38	138.23
		S.D.	12.29	11.44	8.97	11.48	9.85	10.12	10.89
TOTAL		N	53	101	135	143	112	56	600
		Mean	148.34	139.33	135.61	137.21	127.86	134.84	136.23
		S.D.	12.98	11.31	11.34	13.38	11.66	10.75	13.09

The table 4.42 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good health adjustment have more positive attitude towards ageing (mean 148.34) than average health adjustment (mean 135.61) and poor health adjustment (mean 127.86) related elders. The senior elders of good health adjustment have also more positive attitude (mean 139.33) than average health adjustment (mean 137.21) and poor health adjustment (mean 134.84) related senior elders. The

male elders of good health adjustment have highly positive attitude (mean 154.13) towards ageing, while the male elders of poor health adjustment have highly negative attitude (mean 122.46) towards ageing.

A major problem of ageing is physical health. As age advances body immunity is lowered. Despite the actual physical condition, how a person feels or perceives his condition is important, in this sense, the self perception of one's health status is determinant of well-being (Anantharaman, 1980, Jamuna, 1994, Ramamurti, 1992).

To find out the significant effect of gender (male & female) types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.43-

Table 4.43- F ratio showing the effect of gender (male and female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	580.84	1	580.84	4.35 <0.05
B Type of Elders (Elders & Senior Elders)	30.73	1	30.73	0.23 >0.05
C Health Adjustment (Good, Average & poor)	11310.50	2	5655.25	42.37 <0.01
A×B Interaction	8.34	1	8.34	0.06 >0.05
A×C Interaction	3710.06	2	1855.03	13.90 <0.01
B×C Interaction	4992.10	2	2496.05	18.70 <0.01
A×B×C Interaction	1450.09	2	725.05	5.43 <0.01
Within Cell	78476.84	588	136.43	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.43 shows that gender (male and female) significantly effect the attitude towards ageing at .05 level. The F ratio found 4.35, which is significant at .05 level. The types elders (elder & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.23) at .05 level. But the health adjustment (good, average

& poor) significantly effect the attitude towards ageing (F ratio found 42.37) at .01 level. The inter action effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.06) at.05 level. The interaction effect of gender (male &female) and health adjustment (good average & poor) significantly effect the attitude towards ageing at.01 level. The F ratio found 13.90 which is significant at.01 level. The interaction effect of types of elders (elders & senior elders) and health adjustment significantly effect the attitude towards ageing at.01 level (F ratio found 18.70). The interaction effect of gender (male and female), types of elders (elders and senior elders) and health adjustment (good,average and poor) significantly effect the attitude towards ageing (Fratio found 5.43) at .01 level.

Thus the null hypothesis (10.01) stating that “there is no significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing” is rejected.

10.02 the effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male and female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing. For this purpose Shamshad-Jasbir Old Age Adjustment Inventory was administered on 300 male (elders & senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 175 good home adjustment (84 elders & 91 senior elders), 254 average home adjustment (129 elders & 125 senior elders) and 171 poor home adjustment (87 elders & 84 senior elders) related elders. The Table 4.44 shows the Mean and S.D. of different subgroups-

Table 4.44 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor home adjustment related elders & senior elders-

Sub-Groups			Home Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	21	51	68	74	61	25	300
		Mean	146.05	140.47	134.82	133.57	124.80	134.76	134.22
		S.D.	13.97	11.72	15.74	13.93	12.53	11.84	14.71
	Female	N	63	40	61	51	26	59	300
		Mean	140.97	140.30	136.84	140.35	131.31	136.58	138.23
		S.D.	10.62	7.86	9.34	9.94	9.89	13.79	10.89
TOTAL		N	84	91	129	125	87	84	600
		Mean	142.24	140.40	135.78	136.34	126.75	136.04	136.23
		S.D.	11.67	10.15	13.10	12.86	12.12	13.19	13.09

The table 4.44 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good home adjustment have more positive attitude towards ageing (mean 142.24) than average home adjustment (mean 135.78) and poor home adjustment (mean 126.75) related elders. The male elders of good home adjustment have highly positive attitude (mean 146.05) towards ageing, while the male elders of poor home adjustment have highly negative attitude (mean 124.80) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.45-

Table 4.45 *F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing-*

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	495.79	1	495.79	3.34 >0.05
B Type of Elders (Elders & Senior Elders)	444.73	1	444.73	2.99 >0.05
C Home Adjustment (Good, Average & Poor)	7447.22	2	3723.61	25.07 <0.01
A×B Interaction	87.76	1	87.76	0.59 >0.05
A×C Interaction	1294.06	2	647.03	4.36 <0.05
B×C Interaction	2131.51	2	1065.75	7.17 <0.01
A×B×C Interaction	594.96	2	297.48	2.00 >0.05
Within Cell	87346.19	588	148.55	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.45 shows that gender (male & female) does not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 3.34, which is not significant at 0.05 level. The types of elders (elders & senior elders) also does not significantly effect the attitude towards ageing (F ratio found 2.99) at 0.05 level. But the home adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 25.07) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found .59) at 0.05 level. The interaction effect of gender (male & female) and home adjustment (good, average & poor) significantly effect the attitude towards ageing at 0.05 level. The F ratio found 4.36, which is significant at 0.05 level. The interaction effect of types of elders (elders & senior elders) also significantly effect the attitude towards ageing at 0.01 level (F ratio found 7.17). The interaction effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) do not significantly effect the attitude towards ageing (F ratio found 2.00) at 0.05 level.

Thus the null hypothesis (10.02) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on

attitude towards ageing". is rejected. Aged people from joint families found positive attitude towards ageing (Achamamba, 1987, Jamuna, 1984; Ramamurti, 1989)

10.03 The effect of gender (male & female), types of elders (elders & senior elder) and social adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventoroy" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor social adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 158 good social adjustment (85 elders & 73 senior elders), 277 average social adjustment (126 elders & 151 senior elders) and 165 poor social adjustment (89 elders & 76 senior elders) related elders. The Table 4.46 shows the Mean and S.D. of different subgroups-

Table 4.46 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor social adjustment related elders & senior elders-

Sub-Groups			Social Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	25	34	69	69	56	47	300
		Mean	150.00	141.88	132.20	135.45	124.57	132.91	134.22
		S.D.	16.55	12.93	13.30	11.70	12.04	14.30	14.71
	Female	N	60	39	57	82	33	29	300
		Mean	142.45	140.92	135.86	139.08	131.85	135.41	138.23
		S.D.	9.75	11.31	9.77	8.79	9.36	16.08	10.89
TOTAL		N	85	73	126	151	89	76	600
		Mean	144.67	141.37	133.86	137.42	127.27	133.87	136.23
		S.D.	12.53	12.02	11.93	10.35	11.62	14.95	13.09

The table 4.46 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good social adjustment have more positive attitude towards ageing (mean 144.67) than average social adjustment (mean 133.68) and poor social adjustment (mean 127.27) related elders. The senior elders of good social adjustment have also more positive attitude (mean 141.37) than average social adjustment (mean 137.42) and poor social adjustment (mean 133.87) related elders. The male elders of good social adjustment have highly positive attitude (mean

150.00) towards ageing, while the male elders of poor social adjustment have highly negative attitude (mean 124.57) towards ageing

To find out the significant effect of gender (male & female) types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.47-

Table 4.47- F ratio showing the effect of gender (male and female) types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	267.04	1	267.04	1.89 >0.05
B Type of Elders (Elders & Senior Elders)	278.18	1	278.18	1.97 >0.05
C Social Adjustment (Good, Average & Poor)	12204.03	2	6102.01	43.26 <0.01
A×B Interaction	11.70	1	11.70	0.08 >0.05
A×C Interaction	1906.34	2	953.17	6.76 <0.01
B×C Interaction	2371.97	2	1185.99	8.41 <0.01
A×B×C Interaction	604.01	2	302.00	2.14 >0.05
Within Cell	82943.31	588	141.06	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.47 shows that gender (male and female) does not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 1.89, which is not significant at 0.05 level. The types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 1.97) at 0.05 level. But the social adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 43.26) at .01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.08) at 0.05 level. The interaction effect of gender (male & female) and social adjustment (good average & poor) significantly effect the attitude towards ageing at.01 level. The F ratio found 6.76, which is significant at.01 level. The interaction effect of types of elders (elders & senior elders) also significantly effect the attitude towards ageing at.01 level (F ratio found 8.41). The interacton effect of gender (male and female), types of elders (elders and senior elders) and social adjustment (good,average and poor) do not significantly effect the attitude towards ageing (F ratio found 2.14) at .05 level.

Thus the null hypothesis (10.03) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on

attitude towards ageing" is rejected.

When an individual is burdened with problems, disability or helplessness he feels great need for psychological as well as emotional support from others. He feels greatly relieved and secure if he can get some social support. A number of studies have investigated such social support networks of the elderly in India (Chadha, Aggarwal and Mangla, 1990, Dillion 1992) .

10.04 The effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventory" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor marital adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 173 good marital adjustment (85 elders & 88 senior elders), 227 average marital adjustment (118 elders & 109 senior elders) and 200 poor marital adjustment (97 elders & 103 senior elders) related elders. The Table 4.48 shows the Mean and S.D. of different subgroups-

Table 4.48 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor marital adjustment related elders & senior elders-

Sub-Groups			Marital Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	27	46	59	67	64	37	300
		Mean	146.41	138.89	132.42	135.67	126.28	133.46	134.22
		S.D.	18.52	14.15	13.04	13.51	13.37	10.80	14.71
	Female	N	58	42	59	42	33	66	300
		Mean	142.86	142.07	135.68	138.36	131.85	137.12	138.23
		S.D.	10.28	12.60	9.14	7.42	9.11	12.07	10.89
TOTAL		N	85	88	118	109	97	103	600
		Mean	143.99	140.41	134.05	136.71	128.18	135.81	136.23
		S.D.	13.44	13.45	11.33	11.58	12.33	11.71	13.09

The table 4.48 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good marital adjustment have more positive attitude towards ageing (mean 143.99) than average marital adjustment (mean 134.05) and poor marital adjustment (mean 128.18) related elders. The senior elders of good marital adjustment have also more positive attitude (mean 140.41) than average marital adjustment (mean 136.71) and poor marital adjustment (mean 135.81) related elders. The male elders of good marital adjustment have highly positive attitude (mean

146.41) towards ageing, while the male elders of poor marital adjustment have highly negative attitude (mean 126.28) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.49-

Table 4.49- F ratio showing the effect of gender (male and female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	841.03	1	841.03	5.68 <0.05
B Type of Elders (Elders & Senior Elders)	389.27	1	389.27	2.63 >0.05
C Marital Adjustment (Good, Average & Poor)	9479.84	2	4739.92	32.01 <0.01
A×B Interaction	69.36	1	69.36	0.47 >0.05
A×C Interaction	502.03	2	251.01	1.70 >0.05
B×C Interaction	2378.88	2	1189.44	8.03 <0.01
A×B×C Interaction	457.85	2	228.93	1.55 >0.05
Within Cell	87073.76	588	148.08	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.49 shows that gender (male and female) significantly effect the attitude towards ageing at 0.05 level. The F ratio found 5.68, which is significant at 0.05 level. The types elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 2.63) at 0.05 level. The marital adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 32.01) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.47) at 0.05 level. The interaction effect of gender (male & female) and marital adjustment (good, average & poor) do not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 1.70, which is not significant at 0.05 level. The interaction effect of types of elders (elders & senior elders) significantly effect the attitude towards ageing at 0.01 level. (F ratio found 8.03). The interaction effect of gender (male and female), types of elders (elders and senior elders) and marital adjustment (good, average and poor) do not significantly effect the attitude towards ageing (F ratio found 1.55) at 0.05 level.

Thus the null hypothesis (10.04) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing". is rejected.

Aged people from higher socio-economic status with spouse living (Eswarmoorthy, 1991; Jamuna, 1985; Jamuna and Ramamurti, 1988) found positive attitude towards ageing.

10.05 The effect of gender (male & female), types of elders (elders & senior elder) and emotional adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventoroy" was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor emotional adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 177 good emotional adjustment (67 elders & 110 senior elders), 215 average emotional adjustment (95 elders & 120 senior elders) and 208 poor emotional adjustment (138 elders & 70 senior elders) related elders. The Table 4.50 shows the Mean and S.D. of different subgroups-

Table 4.50 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor emotional adjustment related elders & senior elders-

Sub-Groups			Emotional Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	31	45	42	70	77	35	300
		Mean	151.23	138.84	131.93	136.60	124.92	131.63	134.22
		S.D.	13.39	11.81	13.03	12.54	11.53	15.20	14.71
	Female	N	36	65	53	50	61	35	300
		Mean	145.61	141.34	137.23	139.04	133.23	133.97	138.23
		S.D.	10.56	11.05	8.52	9.88	9.38	12.18	10.89
TOTAL		N	67	110	95	120	138	70	600
		Mean	148.21	140.32	134.88	137.62	128.59	132.80	136.23
		S.D.	12.19	11.38	11.01	11.52	11.38	13.72	13.09

The table 4.50 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good emotional adjustment have more positive attitude towards ageing (mean 148.21) than average emotional adjustment (mean 134.88) and poor emotional adjustment (mean 128.59) related elders. The senior elders of good emotional adjustment have also more positive attitude (mean 140.32) than average emotional adjustment (mean 137.62) and poor emotional adjustment (mean 132.80) related elders. The male elders of good emotional adjustment have highly

positive attitude (mean 151.23) towards ageing, while the male elders of poor emotional adjustment have highly negative attitude (mean 124.92) towards ageing .

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing, 2×2×3 factorial design was used and analysis of variance was calculated. The results are given in table 4.51-

Table 4.51- F ratio showing the effect of gender (male and female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	892.64	1	892.64	6.74 <0.01
B Type of Elders (Elders & Senior Elders)	28.35	1	28.35	0.21 >0.05
C Emotional Adjustment (Good, Average & poor)	15536.45	2	7768.23	58.65 <0.01
A×B Interaction	1.95	1	1.95	0.02 >0.05
A×C Interaction	1132.74	2	566.37	4.28 <0.05
B×C Interaction	4028.16	2	2014.08	15.21 <0.01
A×B×C Interaction	1175.44	2	587.12	4.44 <0.05
Within Cell	77876.69	588	132.44	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
(252) 2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.51 shows that gender (male and female) significantly effect the attitude towards ageing at 0.01 level. The F ratio found 6.74, which is significant at 0.01 level. The types elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.21) at 0.05 level. The emotional adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 58.65) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.02) at 0.05 level. The interaction effect of gender (male & female) and emotional adjustment (good, average & poor) significantly effect the attitude towards ageing at 0.05 level. The F ratio found 4.28, which is significant at 0.05 level. The interaction effect of types of elders (elders & senior elders) and emotional adjustment (good, average & poor) also significantly effect the attitude towards ageing at 0.01 level. (F ratio found 15.21). The interaction effect of gender (male and female), types of elders (elders and senior elders) and emotional adjustment (good, average and poor) significantly effect the attitude towards ageing (F ratio found 4.44) at 0.05 level.

Thus the null hypothesis (10.05) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on

attitude towards ageing". is rejected.

Social support from significant others goes a long way in providing emotional security to the individual social support and described the way in which these social support give the elderly a sense of security; belongingness and a feeling that people care for them or crises (Ushasree, 1992; Uma Devi, 1990).

10.06 The effect of gender (male & female), types of elders (elders & senior elder) and Financial adjustment (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing. For this purpose "Shamshad Jasbir Old-Age Adjustment Inventoroy" was administered on 300 male (150 elders & 150 senior elders) and 300 female elders (150 elders & 150 senior elders). The elders were divided into three categories i.e. good, average and poor financial adjusted elders on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. Thus the "Attitude towards Ageing Scale" was administered on 171 good financial adjustment (64 elders & 107 senior elders), 211 average financial adjustment (91 elders & 120 senior elders) and 218 poor financial adjustment (145 elders & 73 senior elders) related elders. The Table 4.52 shows the Mean and S.D. of different subgroups-

Table 4.52 Showing Mean and S.D. of attitude towards ageing among male & female of good, average and poor financial adjustment related elders & senior elders-

Sub-Groups			Financial Adjustment						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	14	60	47	58	89	32	300
		Mean	151.50	139.37	138.11	136.97	126.25	128.47	134.22
		S.D.	16.58	12.39	15.16	11.68	12.46	14.49	14.71
	Female	N	50	47	44	62	56	41	300
		Mean	143.54	141.04	137.80	141.18	132.18	132.83	138.23
		S.D.	10.07	10.47	7.41	11.59	10.18	9.48	10.89
TOTAL		N	64	107	91	120	145	73	600
		Mean	145.28	140.10	137.96	139.14	128.54	130.92	136.23
		S.D.	12.11	11.56	11.96	11.78	11.95	12.04	13.09

The table 4.52 shows that the female elders have more positive attitude (mean 138.23) towards ageing than male elders (mean 134.22). The elders of good financial adjustment have more positive attitude towards ageing (mean 145.28) than average financial adjustment (mean 137.96) and poor financial adjustment (mean 128.54) related elders. The senior elders of good financial adjustment have also more positive attitude (mean 140.10) than average financial adjustment (mean 139.14) and poor financial adjustment (mean 130.92) related elders. The male elders of good financial adjustment have highly positive attitude (mean 151.50) towards

ageing, while the male elders of poor financial adjustment (mean 126.25) have highly negative attitude towards ageing .

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.53-

Table 4.53- F ratio showing the effect of gender (male and female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	214.59	1	214.59	1.56 >0.05
B Type of Elders (Elders & Senior Elders)	310.76	1	310.76	2.26 >0.05
C Financial Adjustment (Good, Average & poor)	15674.17	2	7837.09	56.93 <0.01
A×B Interaction	543.62	1	543.62	3.95 <0.05
A×C Interaction	1283.54	2	641.77	4.66 <0.01
B×C Interaction	1739.15	2	869.57	6.32 <0.01
A×B×C Interaction	607.98	2	303.99	2.21 >0.05
Within Cell	80940.93	588	137.66	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.53 shows that gender (male and female) does not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 1.56, which is not significant at 0.05 level. The types of elders (elder & senior elders) also does not significantly effect the attitude towards ageing (F ratio found 2.26) at 0.05 level. But the financial adjustment (good, average & poor) significantly effect the attitude towards ageing (F ratio found 56.93) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) also significantly effect the attitude towards ageing (F ratio found 3.95) at 0.05 level. The interaction effect of gender (male & female) and financial adjustment (good, average & poor) significantly effect the attitude towards ageing at 0.01 level. The F ratio found 4.66, which is significant at 0.01 level. The interaction effect of types of elders (elders & senior elders) and financial adjustment (good, average & poor) also significantly effect the attitude towards ageing at 0.01 level. (F ratio found 6.32). The interaction effect of gender (male and female), types of elders (elders and senior elders) and financial adjustment (good, average and poor) do not significantly effect the attitude towards ageing (F ratio found 2.21) at 0.05 level.

Thus the null hypothesis (10.06) stating that "There is no significant effect of gender (male & female), types of elders (elders

& senior elders) and financial adjustment (good, average & poor) on attitude towards ageing". is rejected.

Aged people from higher socio-economic status with spouse living found positive attitude towards ageing (Eswaramoorthy, 1991; Jamuna, 1995).

PART K

The effect of gender (male & female), types of elders (elders & senior elders) and different psychological state (high, average & low) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and different psychological states as anxiety, stress, depression, regression, fatigue, guilt, extroversion and arousal (high, average & low) on attitude towards ageing.

11.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders 150 senior

elders) elders. The elders were divided into three categories i.e. high, average and low anxiety state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The "Attitude towards Ageing Scale" was administered on 155 high anxiety state (84 elders & 71 senior elders), 295 average anxiety state (154 elders & 141 senior elders) and 150 low anxiety state (62 elders & 88 senior elders) related elders. The Table 4.54 shows the Mean and S.D. of different subgroups-

Table 4.54 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low anxiety state related elders and senior elders -

Sub-Groups			Anxiety						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	55	49	80	79	15	22	300
		Mean	132.47	137.84	132.36	135.01	131.53	136.23	134.22
		S.D.	14.65	13.85	16.19	12.14	19.71	15.36	14.71
	Female	N	29	22	74	62	47	66	300
		Mean	139.79	135.36	136.00	137.48	138.81	141.30	138.23
		S.D.	9.75	8.68	10.24	11.12	11.16	11.74	10.89
TOTAL		N	84	71	154	141	62	88	600
		Mean	135.00	137.07	134.11	136.10	137.05	140.03	136.23
		S.D.	13.56	12.47	13.74	11.73	13.89	12.84	13.09

Table 5.54 shows that the female elders have more positive attitude towards ageing (Mean 138.23) than male elders (Mean 134.22). The elders of low anxiety state have more positive attitude towards ageing (mean 137.05) than high anxiety state (mean 135.00) and average anxiety state (mean 134.11) related elders. The senior elders of low anxiety state also have more positive attitude towards ageing (mean 140.03) than high anxiety state (mean 137.07) and average anxiety (mean 136.10) related elders. The female senior elders of low anxiety state have highly positive attitude (mean 141.30) towards ageing, while the male elders of low anxiety have highly negative attitude (mean 131.53) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude toward ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in Table 4.55-

Table 4.55 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1687.64	1	1687.64	10.18 <0.01
B Type of Elders (Elders & Senior Elders)	466.75	1	466.75	2.81 >0.05
C Anxiety (High, Average & Low)	288.43	2	144.22	0.87 >0.05
A×B Interaction	537.98	1	537.98	3.24 >0.05
A×C Interaction	246.27	2	123.13	0.74 >0.05
B×C Interaction	147.93	2	73.97	0.45 >0.05
A×B×C Interaction	444.84	2	222.42	1.34 >0.05
Within Cell	97524.02	588	165.86	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.55 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 10.18) at 0.01 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 2.81) at 0.05 level. The anxiety state (high, average & low) also does not significantly effect the attitude towards ageing (F ratio found 0.87) at 0.05 level.

The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 3.24) at 0.05 level. The interaction effect of gender (male & female) and anxiety state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.74) at 0.05 level. The interaction effect of types of elder (elders & senior elders) and anxiety state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.45) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing do not significantly effect the attitude towards ageing at 0.05 level. The F ratio value found 1.34 which is not significant at 0.05 level.

Thus the null hypothesis (11.01) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing." is rejected.

Closely related to the problems of the elderly is their mental health which is affected by the unwelcome changes in old age insecurity, loneliness, loss of status and power and death anxiety (World Health Organisation, 1959).

11.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders 150 senior elders) elders. The elders were divided into three categories i.e. high, average and low stress state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The "Attitude towards Ageing Scale" was administered on 155 high stress state (113 elders & 42 senior elders), 280 average stress state (136 elders & 144 senior elders) and 165 low stress state (51 elders & 114 senior elders) related elders. The Table 4.56 shows the Mean and S.D. of different subgroups-

Table 4.56 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low stress state related elders and senior elders -

Sub-Groups			STRESS						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	79	24	61	81	10	45	300
		Mean	131.92	136.25	131.87	134.51	138.20	138.93	134.22
		S.D.	13.85	10.90	17.90	14.34	18.82	11.82	14.71
	Female	N	34	18	75	63	41	69	300
		Mean	137.82	133.28	137.16	137.41	138.27	141.62	138.23
		S.D.	13.04	11.69	8.90	8.14	11.10	12.84	10.89
TOTAL		N	113	42	136	144	51	114	600
		Mean	133.70	134.98	134.79	135.78	138.25	140.56	136.23
		S.D.	13.82	11.20	13.89	12.08	12.74	12.46	13.09

Table 5.56 shows that the female elders have more positive attitude towards ageing (Mean 138.23) than male elders (Mean 134.22). The elders of low stress state have more positive attitude towards ageing (mean 138.25) than average stress state (mean 134.79) and high stress state (mean 133.70) related elders. The senior elders of low stress state also have more positive attitude towards ageing (mean 140.56) than average stress state (mean 135.78) and high stress state (mean 134.98) related elders. The female senior elders of low stress state have highly positive attitude (mean 141.62) towards ageing,

while the male elders of average stress have highly negative attitude (mean 131.87) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in Table 4.57-

Table 4.57 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	537.86	1	537.86	3.27 >0.05
B Type of Elders (Elders & Senior Elders)	127.47	1	127.47	0.78 >0.05
C Stress (High, Average & low)	1372.97	2	686.48	4.17 <0.05
A×B Interaction	208.07	1	208.07	1.26 >0.05
A×C Interaction	215.78	2	107.89	0.66 >0.05
B×C Interaction	71.11	2	35.55	0.22 >0.05
A×B×C Interaction	449.84	2	224.92	1.37 >0.05
Within Cell	96761.80	588	164.56	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
(265) 2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.57 shows that gender (male & female) does not significantly effect the attitude towards ageing (F ratio found 3.27) at 0.05 level. Types of elders (elders & senior elders) also does not significantly effect the attitude towards ageing (F ratio found 0.78) at 0.05 level. The stress state (high, average & low) significantly effect the attitude towards ageing (F ratio found 4.17) at 0.05 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 1.26) at 0.05 level. The interaction effect of gender (male & female) and stress state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.66) at 0.05 level. The interaction effect of types of elder (elders & senior elders) and stress state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.22) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing do not significantly effect the attitude towards ageing at 0.05 level. The F ratio value found 1.37 which is not significant at 0.05 level.

Thus the null hypothesis (11.02) stating that "There is no

significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing." is rejected.

The awareness that a person is ageing can be a source of unhappiness. The onset of old age heralds life's last stage and is viewed as an indication that the end of life is drawing near. This perception of threat can be a major source of anxiety and stress (Ramamurti, 1994). Stress may not only be due to ageing itself but may also be due to various conditions associated with ageing (Ramamurti, 1994; Reddy, 1989; Reddy & Ramamurti, 1992).

11.03 To study the significant effect of gender (male & female), type of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing :-

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing. For this purpose "Eight state Questionnaire" (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high average & low depression state on the basis of Quartile₃ (Q₃) and

Quartile₁ (Q₁) scores, the 'Attitude Towards Ageing Scale' was administered on 188 high depression state (124 elders & 64 senior elders), 215 average depression state (121 elders & 94 senior elders), and 197 low depression state (55 elders & 142 senior elders) related elders. The table 4.58 shows the Mean and S.D. of different subgroups-

Table 4.58 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low depression state related elders and senior elders -

Sub-Groups			Depression						TOTAL
			High		Average		Low		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	51	31	67	57	32	62	300
		Mean	129.65	133.58	132.67	134.81	135.84	138.58	134.22
		S.D.	14.02	13.10	17.22	12.93	15.63	13.25	14.71
	Female	N	73	33	54	37	23	80	300
		Mean	137.41	135.76	138.22	137.11	136.83	140.94	138.23
		S.D.	9.65	10.24	11.01	13.22	12.21	10.35	10.89
TOTAL		N	124	64	121	94	55	142	600
		Mean	134.22	134.70	135.15	135.71	136.25	139.91	136.23
		S.D.	12.21	11.67	14.98	13.02	14.19	11.72	13.09

Table 4.58 shows that the female elders have more positive

attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of low depression state have more positive attitude towards ageing (mean 136.25) than average depression state (mean 135.15) and high depression state (mean 134.22) related elders. The senior elders of low depression state also have more positive attitude towards ageing (mean 139.91) than average depression state (mean 135.71) and high depression state (mean 134.70) related elders. The female senior elders of low depression state have highly positive attitude (mean 140.94) towards ageing, while the male elders of high depression have highly negative attitude (mean 129.65) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in Table 4.59-

Table 4.59 F ratio showing the effect of gender (male & female) types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing-

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1610.70	1	1610.70	9.79 <0.01
B Type of Elders (Elders & Senior Elders)	371.58	1	371.58	2.26 >0.05
C Depression (High, Average & Low)	1262.76	2	631.38	3.84 <0.05
A×B Interaction	200.84	1	200.84	1.22 >0.05
A×C Interaction	228.02	2	114.01	0.69 >0.05
B×C Interaction	198.30	2	99.15	0.60 >0.05
A×B×C Interaction	251.28	2	125.64	0.76 >0.05
Within Cell	96696.79	588	164.45	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.59 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 9.79) at 0.01 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 2.26) at 0.05 level. The depression state (high, average & low) significantly effect the

attitude towards ageing (F ratio found 3.84) at 0.05 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 1.22) at 0.05 level. The interaction effect of gender (male & female) and depression state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.69) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and depression state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.60) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing also do not significantly effect the attitude towards ageing at 0.05 level. The F ratio value found 0.76, which is not significant at 0.05 level.

Thus the null hypothesis "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing." is rejected.

In some studies the elderly manifested depression, dementia, suicidal tendencies and other psychogeriatric symptoms (Agarwal, Mohan and Jhigyan, 1994).

11.04 To study the significant effect of gender (male & female) types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing-

An attempt has been made to study the effect of gender (male & female), type of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing. For this purpose 'Eight state questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high, average & low regression state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on 154 high regression state (105 elders & 49 senior elders), 290 average regression state (153 elders & 137 senior elders) and 156 low regression state (42 elders & 114 senior elders) related elders. The table 4.60 shows the Mean and S.D. of different Sub groups-

Table 4.60 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low regression state related elders and senior elders :-

Sub-Groups			Regression						TOTAL
			High		Average		Low		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	58	30	72	86	20	34	300
		Mean	127.78	133.23	134.74	136.97	136.80	136.50	134.22
		S.D.	12.68	14.78	16.66	12.40	18.98	13.67	14.71
	Female	N	47	19	81	51	22	80	300
		Mean	139.30	135.74	135.85	138.10	140.50	140.08	138.23
		S.D.	9.02	8.50	10.99	12.44	10.86	10.97	10.89
TOTAL		N	105	49	153	137	42	114	600
		Mean	132.93	134.20	135.33	137.39	138.74	139.01	136.23
		S.D.	12.54	12.68	13.91	12.38	15.19	11.89	13.09

Table 4.60 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of low regression state have more positive attitude towards ageing (mean 138.74) than average regression state (mean 135.33) and high regression state (mean 132.93) related elders. The senior elders of low regression state also have more positive attitude towards ageing (mean 139.01) than average regression state (mean 137.39) and high regression state (mean 134.20) related elders. The female elders of low regression state have highly positive attitude (mean 140.50)

towards ageing, while the male elders of high regression have highly negative attitude (mean 127.78) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.61-

Table 4.61 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1736.71	1	1736.71	10.67 <0.01
B Type of Elders (Elders & Senior Elders)	99.85	1	99.85	0.61 >0.05
C Regression (High, Average & low)	1224.45	2	612.32	3.76 <0.05
A×B Interaction	260.84	1	260.84	1.60 >0.05
A×C Interaction	771.92	2	385.96	2.37 >0.05
B×C Interaction	145.41	2	72.71	0.45 >0.05
A×B×C Interaction	490.33	2	245.16	1.51 >0.05
Within Cell	95717.33	588	162.79	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
 (274) 2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.61 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 10.67) at 0.01 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.61) at 0.05 level. The regression state (high, average & low) significantly effect the attitude towards ageing (F ratio found 3.76) at 0.05 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 1.60) at 0.05 level. The interaction effect of gender (male & female) and regression state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 2.37) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and regression state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.45) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing do not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 1.51, which is not significant at 0.05 level.

Thus the null hypothesis (11.04) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude

towards ageing" is rejected.

11.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing-

An attempt has been made to study the effect of gender (male & female), type of elder (elder & senior elders) and fatigue state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high, average & low state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on 169 high fatigue state (108 elders & 61 senior elders), 269 average fatigue state (139 elders & 130 senior elders) and 162 low fatigue state (53 elders & 109 senior elders) related elders. The table 4.62 shows the Mean and S.D. of different sub groups-

Table 4.62 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low fatigue state related elders and senior elders :-

Sub-Groups			Fatigue						TOTAL
			High		Average		Low		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	54	36	77	75	19	39	300
		Mean	130.19	133.78	132.57	137.69	137.37	135.23	134.22
		S.D.	14.52	14.15	16.44	12.63	17.16	13.24	14.71
	Female	N	54	25	62	55	34	70	300
		Mean	135.57	131.92	139.44	138.02	137.53	141.99	138.23
		S.D.	8.61	10.76	10.66	8.16	12.50	12.38	10.89
TOTAL		N	108	61	139	130	53	109	600
		Mean	132.88	133.02	135.63	137.83	137.47	139.57	136.23
		S.D.	12.18	12.81	14.52	10.93	14.18	13.04	13.09

Table 4.62 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of low fatigue state have more positive attitude towards ageing (mean 137.47) than average fatigue state (mean 135.63) and high fatigue state (mean 132.88) related elders. The senior elders of low fatigue state also have more positive attitude towards ageing (mean 139.57) than average fatigue state (mean 137.83) and high fatigue state (mean 133.02) related elders. The female senior elders of low fatigue state have highly positive attitude (mean 141.99) towards ageing, while

the male elders of high fatigue have highly negative attitude (mean 130.19) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.63-

Table 4.63 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1082.15	1	1082.15	6.67 <0.05
B Type of Elders (Elders & Senior Elders)	123.66	1	123.66	0.76 >0.05
C Fatigue (High, Average & Low)	2266.90	2	1135.45	6.98 <0.01
A×B Interaction	179.96	1	179.96	1.11 >0.05
A×C Interaction	87.97	2	43.99	0.27 >0.05
B×C Interaction	85.73	2	42.86	0.26 >0.05
A×B×C Interaction	1121.34	2	560.67	3.45 <0.05
Within Cell	95447.24	588	162.33	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
 (278) 2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.63 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 6.67) at 0.05 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.76) at 0.05 level. The fatigue state (high, average & low) significantly effect the attitude towards ageing (F ratio found 6.98) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 1.11) at 0.05 level. The interaction effect of gender (male & female) and fatigue state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.27) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and fatigue state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.26) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing significantly effect the attitude towards ageing at 0.05 level. The F ratio value found 3.45, which is significant at 0.05 level.

Thus the null hypothesis (11.05) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude

towards ageing" is rejected.

11.06 To study the significant effect of gender (male & female) types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing-

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 males (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high, average & low state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on 172 high guilt state (103 elders & 69 senior elders), 260 average guilt state (140 elders & 120 senior elders) and 168 low guilt state (57 elders & 111 senior elders) related elders. The table 4.64 shows the Mean and S.D. of different sub groups-

Table 4.64 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low guilt state related elders and senior elders :-

Sub-Groups			Guilt						TOTAL
			High		Average		Low		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	58	28	73	80	19	42	300
		Mean	127.79	135.59	133.59	136.58	141.26	135.71	134.22
		S.D.	14.96	14.41	15.61	12.27	16.02	14.27	14.71
	Female	N	45	41	67	40	38	69	300
		Mean	138.13	134.51	137.37	137.33	137.42	142.32	138.23
		S.D.	10.87	10.96	9.36	7.11	12.13	12.37	10.89
TOTAL		N	103	69	140	120	57	111	600
		Mean	132.31	134.87	135.40	136.83	138.70	139.82	136.23
		S.D.	14.24	12.38	13.09	10.80	13.53	13.45	13.09

Table 4.62 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of low guilt state have more positive attitude towards ageing (mean 138.70) than average guilt state (mean 135.40) and high guilt state (mean 132.31) related elders. The senior elders of low guilt state also have more positive attitude towards ageing (mean 139.82) than average guilt state (mean 136.83) and high guilt state (mean 134.87) related elders. The male elders of low guilt state have highly

positive attitude (mean 141.26) towards ageing, while the male elders of high guilt state have highly negative attitude (mean 127.79) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.65-

Table 4.65 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	992.32	1	992.32	6.18 <0.05
B Types of Elders (Elders & Senior Elders)	138.74	1	138.74	0.86 >0.05
C Guilt (High, Average & Low)	2014.53	2	1007.27	6.28 <0.01
A×B Interaction	51.26	1	51.26	0.32 >0.05
A×C Interaction	235.39	2	117.69	0.73 >0.05
B×C Interaction	108.68	2	54.34	0.34 >0.05
A×B×C Interaction	2191.26	2	1095.63	6.83 <0.01
Within Cell	94377.81	588	160.51	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
 2,594 0.01→ 4.64, 0.05→ 3.01
 (282)

The table 4.65 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 6.18) at 0.05 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.86) at 0.05 level. The guilt state (high, average & low) significantly effect the attitude towards ageing (F ratio found 6.28) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.32) at 0.05 level. The interaction effect of gender (male & female) and guilt state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.73) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and guilt state (high, average & low) also do not significantly effect the attitude towards ageing (F ratio found 0.34). But the interaction effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing significantly effect the attitude towards ageing at 0.01 level. The F ratio value found 6.83, which is significant at 0.01 level.

Thus the null hypothesis (11.06) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing" is rejected.

11.07 To study the significant effect of gender (male & female) types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing-

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high, average & low state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on 159 high extroversion state (72 elders & 87 senior elders), 281 average extroversion state (173 elders & 108 senior elders) and 160 low extroversion state (55 elders & 105 senior elders) related elders. The table 4.66 shows the Mean and S.D. of different sub groups-

Table 4.66 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low extroversion state related elders and senior elders :-

Sub-Groups			Extroversion						TOTAL
			High		Average		Low		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	37	74	91	61	22	15	300
		Mean	132.76	137.69	131.53	135.10	134.86	132.47	134.22
		S.D.	17.15	11.59	15.03	14.50	17.77	14.69	14.71
	Female	N	35	13	82	47	33	90	300
		Mean	139.17	136.23	137.43	135.79	136.42	140.83	138.23
		S.D.	10.18	6.04	10.41	12.86	11.19	10.57	10.89
TOTAL		N	72	87	173	108	55	105	600
		Mean	135.88	137.47	134.32	135.40	135.80	139.64	136.23
		S.D.	14.46	10.93	13.34	13.75	14.05	11.54	13.09

Table 4.66 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of high extroversion state have more positive attitude towards ageing (mean 135.88) than low extroversion state (mean 135.80) and average extroversion state (mean 134.32) related elders. The senior elders of low extroversion state have more positive attitude towards ageing (mean 139.64) than high extroversion state (mean 137.47) and average extroversion state (mean 135.40) related elders. The female senior elders of extroversion state have highly positive

attitude (mean 140.83) towards ageing, while the male elders of average extroversion state have highly negative attitude (mean 131.53) towards ageing.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.67-

Table 4.67 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and Extroversion state (high, average & low) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1279.15	1	1279.15	7.73 <0.01
B Type of Elders (Elders & Senior Elders)	97.74	1	97.74	0.59 >0.05
C Extroversion (High, Average & low)	219.70	2	109.85	0.66 >0.05
A×B Interaction	109.33	1	109.33	0.66 >0.05
A×C Interaction	87.10	2	43.55	0.26 >0.05
B×C Interaction	0.04	2	0.02	.00
A×B×C Interaction	868.07	2	434.03	2.62 >0.05
Within Cell	97282.85	588	165.45	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.67 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 7.73) at 0.01 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.59) at 0.05 level. The extroversion state (high, average & low) also does not significantly effect the attitude towards ageing (F ratio found 0.66) at 0.05 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 0.66) at 0.05 level. The interaction effect of gender (male & female) and extroversion state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.26) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and extroversion state (high, average & low) also do not significantly effect attitude towards ageing at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing do not significantly effect the attitude towards ageing at 0.05 level. The F ratio found 2.62, which is not significant at 0.05 level.

Thus the null hypothesis (11.07) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on

attitude towards ageing" is rejected.

11.08 To study the significant effect of gender (male & female) types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing-

An attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing. For this purpose 'Eight State Questionnaire' (8SQ) was administered on 300 male (150 elders & 150 senior elders) and 300 female (150 elders & 150 senior elders) elders. The elders were divided into three categories i.e. high, average & low state on the basis of Quartile₃ (Q₃) and Quartile₁ (Q₁) scores. The 'Attitude Towards Ageing Scale' was administered on 186 high arousal state (92 elders & 94 senior elders), 232 average arousal state (139 elders & 93 senior elders) and 182 low arousal state (69 elders & 113 senior elders) related elders. The table 4.68 shows the Mean and S.D. of different Sub groups-

Table 4.68 Showing Mean and S.D. of attitude towards ageing among male & female of high, average & low arousal state related elders and senior elders :-

Sub-Groups			Arousal						TOTAL
			Low		Average		High		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	56	78	66	60	28	12	300
		Mean	133.96	135.41	133.67	136.88	125.86	136.88	134.22
		S.D.	17.35	13.85	14.55	12.47	14.89	12.50	14.71
	Female	N	36	16	73	33	41	101	300
		Mean	138.89	137.25	136.38	136.00	138.68	140.04	138.23
		S.D.	10.36	10.04	10.64	9.34	10.40	11.88	10.89
TOTAL		N	92	94	139	93	69	113	600
		Mean	135.89	135.72	135.09	136.60	133.48	140.04	136.23
		S.D.	15.13	13.25	12.67	11.54	13.85	11.88	13.09

Table 4.68 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of high arousal state have more positive attitude towards ageing (mean 135.09) than low arousal state (mean 133.48) related elders. The senior elders of low arousal state have more positive attitude towards ageing (mean 140.04) than average arousal state (mean 136.60) and high arousal state (mean 135.72) related elders. The female senior elders of low arousal state have highly positive attitude

(mean 140.04) towards ageing, while the male elders of low arousal state have highly negative attitude (mean 125.86) towards ageing.

The elders of high arousal state have more positive attitude towards ageing, while the senior elders of low arousal state have more positive attitude towards ageing.

Chadha and Gregory (2004) attempted to understand the motives underlying participation in physical activity by older adults and describe its relationship to intergenerational issues. The results showed that the motives for physical activity could be used as intervention strategies to strengthen intergenerational relationships.

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.69-

Table 4.69 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1810.66	1	1810.66	11.02 <0.01
B Type of Elders (Elders & Senior Elders)	155.38	1	155.38	0.95 >0.05
C Arousal (High, Average & Low)	202.12	2	101.06	0.62 >0.05
A×B Interaction	229.79	1	229.79	1.40 >0.05
A×C Interaction	1209.23	2	604.62	3.68 <0.05
B×C Interaction	108.88	2	54.44	0.33 >0.05
A×B×C Interaction	1.33	2	0.66	0.00
Within Cell	96765.31	588	164.29	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.69 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 11.02) at 0.01 level. But the types of elders (elders & senior elders) does not significantly effect the attitude towards ageing (F ratio found 0.95) at 0.05 level. The arousal state (high, average & low) also does not significantly

effect the attitude towards ageing (F ratio found 0.62) at 0.05 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) do not significantly effect the attitude towards ageing (F ratio found 1.40) at 0.05 level. The interaction effect of gender (male & female) and arousal state (high, average & low) significantly effect the attitude towards ageing (F ratio found 3.68) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and arousal state (high, average & low) do not significantly effect the attitude towards ageing (F ratio found 0.33) at 0.05 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) do not significantly effect the attitude towards ageing at 0.05 level.

Thus the null hypothesis (11.08) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing" is rejected.

PART L

The effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

In this section an attempt has been made to study the effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing. For this purpose 'Coping Style Scale' was administered on 300 male and 300 female. The elders were divided into three categories i.e. good, average and poor coping strategies on the basis Quartile₃ (Q₃) and Quartile₁ (Q₁) scores, The elders got 92 (Q₃) and above scores were placed in the good coping strategies category, while the elders who got 81 (Q₁) and below scores were placed in the poor coping strategies category. The elders who got scores between Q₁ and Q₃ (82-91) were placed in the average coping strategies. Thus the "Attitude towards Ageing Scale' was administered on 183 good coping (84 elders & 99 senior elders), 266 average coping (128 elders & 138 senior elders) and 151 poor coping (88 elders & 63 senior elders) strategies related elders. The Table 4.70 shows the Mean and S.D.of different subgroups.

Table 4.70 Showing Mean and S.D. of attitude towards ageing among male & female of good, average & poor coping strategies related elders and senior elders :-

Sub-Groups			Coping Strategies						TOTAL
			Good		Average		Poor		
			Elders	Senior Elders	Elders	Senior Elders	Elders	Senior Elders	
Gender	Male	N	39	32	47	73	64	45	300
		Mean	128.56	145.44	133.62	137.26	133.66	127.62	134.22
		S.D.	15.77	11.51	17.03	7.82	15.02	16.00	14.71
	Female	N	45	67	81	65	24	18	300
		Mean	137.07	141.15	137.89	137.69	137.71	134.50	138.23
		S.D.	9.57	9.62	10.89	12.64	11.23	10.18	10.89
TOTAL		N	84	99	128	138	88	63	600
		Mean	133.12	142.54	136.32	137.46	134.76	129.59	136.23
		S.D.	13.44	10.41	13.57	10.33	14.14	14.83	13.09

Table 4.70 shows that the female elders have more positive attitude towards ageing (mean 138.23) than male elders (mean 134.22). The elders of average coping strategies have more positive attitude (mean 136.32) than good coping (mean 133.12) and poor coping (mean 134.76) strategies related elders. The senior elders of good coping strategies have more positive attitude (mean 142.54) than average coping (mean 137.46) and poor coping strategies related elders (mean 129.59). The male senior elders of good coping strategies related have highly positive attitude (mean 145.44),

To find out the significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing, $2 \times 2 \times 3$ factorial design was used and analysis of variance was calculated. The results are given in table 4.70-

Table 4.71 F ratio showing the effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing

Source of Variation	Sum of Square	D.f.	Mean Square	F ratio
A Gender (Male & Female)	1349.99	1	1349.99	8.70 <0.01
B Types of Elders (Elders & Senior Elders)	787.61	1	787.61	5.07 <0.05
C Coping Strategies (Good, Average & Poor)	1562.83	2	781.41	5.03 <0.01
A×B Interaction	653.08	1	653.08	4.21 <0.05
A×C Interaction	240.34	2	120.17	0.77 >0.05
B×C Interaction	4201.78	2	2100.89	13.53 <0.01
A×B×C Interaction	1119.11	2	559.55	3.60 <0.05
Within Cell	91286.25	588	155.25	
Total	102568.63	599		

Significant at 1, 594 0.01→ 6.68 0.05→ 3.85
2,594 0.01→ 4.64, 0.05→ 3.01

The table 4.71 shows that gender (male & female) significantly effect the attitude towards ageing (F ratio found 8.70) at 0.01 level. The types of elders (elders & senior elders) do also significantly effect the attitude towards ageing (F ratio found 5.07) at 0.05 level. The coping strategies (good, average & poor) significantly effect the attitude towards ageing (F ratio found 5.03) at 0.01 level. The interaction effect of gender (male & female) and types of elders (elders & senior elders) significantly effect the attitude towards ageing at .05 level (F ratio found 4.21). But the interaction effect of gender (male & female) and coping strategies (good, average & poor) do not significantly effect the attitude towards ageing (F ratio found 0.77) at 0.05 level. The interaction effect of types of elders (elders & senior elders) and coping strategies (good, average & poor) significantly effect the attitude towards ageing (F ratio found 13.53) at 0.01 level. The interaction effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) significantly effect the attitude towards ageing at 0.05 level (F ratio found 3.60).

Thus the null hypothesis (12) stating that "There is no significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing" is rejected. The gender, types of elders,

coping strategies and their interaction significantly effect the attitude towards ageing.

An important aspect of coping with old age is an individuals perception of the process of ageing in terms of its acceptance or rejection. Research has consistently shown that self- perception of ageing and the level of acceptance of ageing changes determine an individual's approach to coping with old age. Individuals who view ageing as a normal developmental process, find it easier to accept it themselves and thus cope better than those who do not accept ageing and fight against it (Ramamurti, 1995; Ramamurti and Jamuna, 1992).

Conclusion

The following are the conclusions of the present study-

1. The female elders have significantly more positive attitude towards ageing than male elders.
2. The senior elders have significantly positive attitude towards ageing than elders.
3. The elders of good adjustment (health, home, social, marital, emotional & financial) have significantly more positive attitude towards ageing.
4. The elders of low psychological states as anxiety, stress, depression, regression, fatigue, guilt and extroversion have

significantly more positive attitude towards ageing.

5. The elders of good coping strategies have significantly positive attitude towards ageing than average & poor coping strategies related elders.
6. The gender (male & female) and types of elders (elders & senior elders) significantly effect the attitude towards ageing but the interaction effect of gender and types of elders do not significantly effect the attitude towards ageing.
7. The gender (male & female), adjustment (good, average & poor) and their interaction significantly effect the attitude towards ageing.
8. The health, home, social, marital, emotional and financial adjustment of elders significantly effect the attitude towards ageing.
9. The different psychological states as stress, depression, regression, fatigue and guilt (high, average & low) significantly effect the attitude towards ageing.
10. The interaction effect of gender (male & female) and psychological states as regression and arousal significantly effect the attitude towards ageing.

11. The gender (male & female), coping strategies (good, average & poor) significantly effect the attitude towards ageing but their interaction do not significantly effect the attitude towards ageing.
12. The interaction effect of gender, types of elders and adjustment significantly effect the attitude towards ageing.
13. The interaction effect of gender, types of elders and coping strategies (good, average & poor) significantly effect the attitude towards ageing.
14. The interaction effect of gender, types of elders and stress state (high, average & low) do not significantlty effect the attitude towards ageing.

Chapter-5

Summary

Conception of ageing and position of the aged forms an integral part of the institutional and ideological culture of a society. In the traditional Indian value system the authority of the elders and sanctity of tradition were both supported in opposition to rationality and the right of individual conscience. The scriptures, the Epics, the Vedas-in sum, all the religious and literature eulogise parents as Gods. Thus, respect reverence for parental authority were embeded in the young that they could not think of differing from or protesting against them. The Hindu value system helps the continuance of the joint family by minimising conflicts in matters of religious practice; Brahmanic Hinduism emphasis ritual correctness.

Thus in traditional Indian society all the important attributes like social status, occupation and content of interpersonal relationships were within the same caste and the joint family. The traditional value system supports the authority of elders and upholds the sanctity of tradition. The general plan of life taught in the Vedas divided a man's life into four stages: Brahamcharya (Student life), Grahstha (Married life), Vanaprastha (Life of retirements) and Sanyasa (The life of renuciation).

Historically, the joint family system has been considered characteristic of Indian life. Under this system as many as three

generations live together at any time in the same dwelling. Traditionally, the Indian economy has been one in which overwhelming majority of population depended directly on agricultural and allied occupations. The caste system forms one of the basic structural features of Indian society. The territorial unit within which an individual lived his entire life in the village. Cast and kinship were the basic structural components of the village. Thus the whole of individual's life span was encircled by the concentric zones of family, caste and the village community, the major social control being exercised by religion through its precepts and its executive-cum-judiciary bodies and the policy and economy being relegated by two other institutions, the village Panchayats and the inter-caste economic relationship respectively (Kulkarni).

Indian society, however has been undergoing rapid transformation under the impact of several forces. consequently, the traditional values and institutions are in the process of adaptation and have often led to sharpening of intergenerational differences.

The Selection of research problem.

The life expectancy in India has increased from 32 years since independence and improvement in health services will further push up the longevity in future. The number of persons 60 in (1901, was about 12 million, in 1951 which increased to about

20 million representing a 67 percent increase. In 1971, the number rose to 33 million and according to the 1981 census (5 percent) sample it is about 43 million. In 1991 this is expected to increase to about 51 million. In 1991 this is expected to increase to about 51 million representing about 155 percent increase over 1951. The main reason for longevity is the increase in life expectancy at birth from 23 years for males and 59.8 years for female projected for the period 1991-94. The marital status of the population 60+ shows a fairly large proportion of the population that has widowed status, the incidence of which as may be expected is much higher among females than males (Govt. of India, 1982).

The traditional Indian family has been projected as well integrated kinship unit with the father occupying the position of authority. The member of the unit who share the various routines, problems and joys of family living have strong feeling of mutual obligation during crises and regard of self interest as being antithetical with the welfare of a the family. Their respect for the wisdom of the eldest male permits him and his spouse to make decisions which affect each and every member of the unit (Kapadia, 1966).

Marulasiddaiah (1969) in his study of Makunti village of

Karnataka state found that *no* sooner the son gets married than he wants to live separately and set up his own family. Of the 300 families there are hardly 18 joint families and those too are rldden with quarrels. The older people are losing grip on the young persons. They feel that neither are they properly cared for when ailing nor well fed and clothed by their sons and relatives. *Gangrade* (1978) in his study of intergenerational conflict in India found that majority of young prefer nuclear type of families. While a majority of parents still prefer joint families. The students (98 percent) want to honour their commitments and obligation to their parents and nearest extended family members. This favourable attitude is not nearly as strong on the question of giving assistance to relatives, which was approved by only 64 percent of students. There are 72 percent students and 63 percent parents who feel that parental authority is on decline and their sons no longer obey them.

The wage earning sections of the middle classes comprise members who pursue a variety of occupations, in industry, bureaucracy and professions in the formal sector of urban industrial economy. The value system of this section tends to be influenced by their western-oriented education. Some of the sociological studies on family which proposed that family in India is develop-

ing in the direction of nuclear family are based on investigation in one section of Indian society. Interpersonal relations in the area of authority and decision-making are not based on the principle of seniority. Generally, senior members of the family become dependants on the junior earning members (Haribabu, 1984).

Mehta (1974) studied the attitudes and problems of divorced Hindu women reveals that nuclear family pattern of domestic life is the most preferred way of living. However, supporting of parents was considered to be a moral duty of children. All the respondent further stated that the nuclear family could not be relied upon in times of distress to support individuals on a long term basis and that this support had to be self-generated by women themselves. *De Souza's* (1982) study of respondents' perception of consistency of status in the family indicates that out of 296 old women and men, 50 percent were of the view that their status had not changed because of old age, of whom 59.30 percent were men and 41.70 percent were women. On the other hand out of 143 respondents who were of the view that their status deteriorated 39.3 percent were men and 56.4 percent were women. In general, both old men and women (55 percent) were of the view that the children do not show them the same

respect they themselves had for their parents (De Souza, 1982).

The old men and women stated that they experienced emotional distress such as loneliness, the feeling of not being wanted and depression. In general, women experience a higher level of loneliness, the feeling of not being wanted, and depression than men. The old people draw on their religious resources to cope with their emotional problems. The concept of Karma promotes adjustment because events take on the character of inevitability over which the individual has no control. The family developmental cycle brings about changes in the status and roles of both men and women because there is a transition from the role of provider to that of dependent. The degree of dependency varies according to the economic situation of the old people and in general it is characterised by a loss of role and limited participation in decision-making in the social, economic and cultural spheres of family activity. Thus the status of the elderly reveal that the factor determining the status of the elderly were his/her economic status, health status, intrafamilial interactions and the attitude of family members.

Older people often enjoy the time they spend with friends more than the time they spend with family members. The openness and excitement of relationships with friends help older men

and women rise above worries and problems. Friendship give older people a sense of being valued and wanted and help them deal with the changes and crises of ageing.

Thus the researcher select the following research problem-

A Study of Attitude towards Ageing, stress, adjustment and coping strategies of older people."

Objective of the present study :-

Following are the objective of the present study-

1. To study the significant difference of attitude towards ageing between male and female elders.
2. To study the significant difference of attitude towards ageing between elders and senior elders.
3. To study the significant difference of attitude towards ageing among good, average and poor adjusted elders.
4. To study the significant difference of attitude towards ageing among different psychological states related elders.
5. To study the significant difference of attitude towards ageing among good, average and poor coping strategies related elders.
6. To study the significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.

7. To study the significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.
 - 7.01. To study the significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.
 - 7.02. To study the significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.
 - 7.03. To study the significant effect of gender (male & female) and social adjustment (good, average & poor) on attitude towards ageing.
 - 7.04. To study the significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.
 - 7.05. To study the significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.
 - 7.06. To study the significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.

8. To study the significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.
 - 8.01 To study the significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.
 - 8.02. To study the significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.
 - 8.03 To study the significant effect of gender (male & female) and depression state (high, average & low) on attitude towards ageing.
 - 8.04 To study the significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.
 - 8.05 To study the significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.
 - 8.06 To study the significant effect of gender (male & female) and guilt state (high, average & low) on attitude

towards ageing.

8.07 To study the significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing.

8.08 To study the significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. To study the significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

10. To study the significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

10.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude

towards ageing.

10.03 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing.

10.04 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

10.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and emotional adjustment (good, average & poor) on attitude towards ageing.

10.06 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing.

11. To study the significant effect of gender (male & female) and types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

- 11.01 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing.
- 11.02 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.
- 11.03 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude towards ageing.
- 11.04 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.
- 11.05 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.
- 11.06 To study the significant effect of gender (male &

female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing.

11.07 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing.

11.08 To study the significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing.

12. To study the significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

Hypothesis of the present study :-

Following null hypothesis have been formulated in the light of above objecties-

1. There is no significant difference of attitude towards ageing between male and female elders.
2. There is no significant difference of attitude towards ageing

between elders and senior elders.

3. There is no significant difference of attitude towards ageing among good, average and poor adjusted elders.
4. There is no significant difference of attitude towards ageing among different psychological states related elders.
5. There is no significant difference of attitude towards ageing among good, average and poor coping strategies related elders.
6. There is no significant effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
7. There is no significant effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.
 - 7.01. There is no significant effect of gender (male & female) and health adjustment (good, average & poor) on attitude towards ageing.
 - 7.02. There is no significant effect of gender (male & female) and home adjustment (good, average & poor) on attitude towards ageing.
 - 7.03. There is no significant effect of gender (male & female) and social adjustment (good, average & poor)

on attitude towards ageing.

7.04. There is no significant effect of gender (male & female) and marital adjustment (good, average & poor) on attitude towards ageing.

7.05. There is no significant effect of gender (male & female) and emotional adjustment (good, average & poor) on attitude towards ageing.

7.06. There is no significant effect of gender (male & female) and financial adjustment (good, average & poor) on attitude towards ageing.

8. There is no significant effect of gender (male & female) and different psychological states (high, average & low) on attitude towards ageing.

8.01 There is no significant effect of gender (male & female) and anxiety state (high, average & low) on attitude towards ageing.

8.02. There is no significant effect of gender (male & female) and stress state (high, average & low) on attitude towards ageing.

8.03 There is no significant effect of gender (male & female)

and depression state (high, average & low) on attitude towards ageing.

8.04 There is no significant effect of gender (male & female) and regression state (high, average & low) on attitude towards ageing.

8.05 There is no significant effect of gender (male & female) and fatigue state (high, average & low) on attitude towards ageing.

8.06 There is no significant effect of gender (male & female) and guilt state (high, average & low) on attitude towards ageing.

8.07 There is no significant effect of gender (male & female) and extroversion state (high, average & low) on attitude towards ageing.

8.08 There is no significant effect of gender (male & female) and arousal state (high, average & low) on attitude towards ageing.

9. There is no significant effect of gender (male & female) and coping strategies (good, average & poor) on attitude towards ageing.

10. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

10.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and health adjustment (good, average & poor) on attitude towards ageing.

10.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and home adjustment (good, average & poor) on attitude towards ageing.

10.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and social adjustment (good, average & poor) on attitude towards ageing.

10.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and marital adjustment (good, average & poor) on attitude towards ageing.

10.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and

emotional adjustment (good, average & poor) on attitude towards ageing.

10.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and financial adjustment (good, average & poor) on attitude towards ageing.

11. There is no significant effect of gender (male & female) and types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

11.01 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and anxiety state (high, average & low) on attitude towards ageing.

11.02 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and stress state (high, average & low) on attitude towards ageing.

11.03 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and depression state (high, average & low) on attitude

towards ageing.

- 11.04 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and regression state (high, average & low) on attitude towards ageing.
- 11.05 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and fatigue state (high, average & low) on attitude towards ageing.
- 11.06 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and guilt state (high, average & low) on attitude towards ageing.
- 11.07 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and extroversion state (high, average & low) on attitude towards ageing.
- 11.08 There is no significant effect of gender (male & female), types of elders (elders & senior elders) and arousal state (high, average & low) on attitude towards ageing.

12. There is no significant effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

Importance of the present Study.

Today, the more developed countries of the world have become the aged societies. The process of ageing of population has set in developing countries and if the United Nations Population Projections (1985) are any indication of the shape of things to come then, these countries will have a vast majority of the world's older persons at the turn of the century. In a recent study it was observed that the demographic transition to an older population structure is proceeding fast in many developing countries. By the year 2025, the porportion of elderly to the total population is projected to be more than 12 percent. In that year nearly 71 percent of the world's elderly population are likely to be found living in the developing countries.

This global phenomenon also afflicts India. The process of population ageing in India is still in an early phase and is expected to gain momentum in the course of the next century. The period between 1951 and 1981, the aged population has doubled. According to the 1981 census, there were approximately 43 million persons who had attain the age of 60 or more. The

estimates arrived at by the expert committee on population projection of the aged population in India in 1991 is 54.84 million. Since 1961 one has observe a steady increase in the proportion of old person and the growth rate of the aged population (for both sexes) has always outstripped that of the rest of the population.

The ageing of the population has many profound social and economic implications. The process of ageing affects all social groups and indeed every type of social relationship, in all societies. It should be emphasised that the issues of population ageing are not related only to the elderly but are also related to other age sector of the population. Furthermore, the problems of ageing are related to apart from the question of increasing cost of social security and medical care, education, labour force, migration, level of human investment and stability of the family as an institution. With increasing awareness of ageing, the need to study its repercussions and assess various policy options and priorities is assuming great importance. In countries like India which contain diverse populations, the population explosion will no doubt worsen the problems of ageing.

Differential access to social and economic opportunities available to cultural, linguistic, religious, racial or ethnic groups

is also likely to intensify competition and conflict among them. Such social tensions and conflicts would adversely affect the elderly who, in general are more vulnerable than younger persons to social and economic hardships.

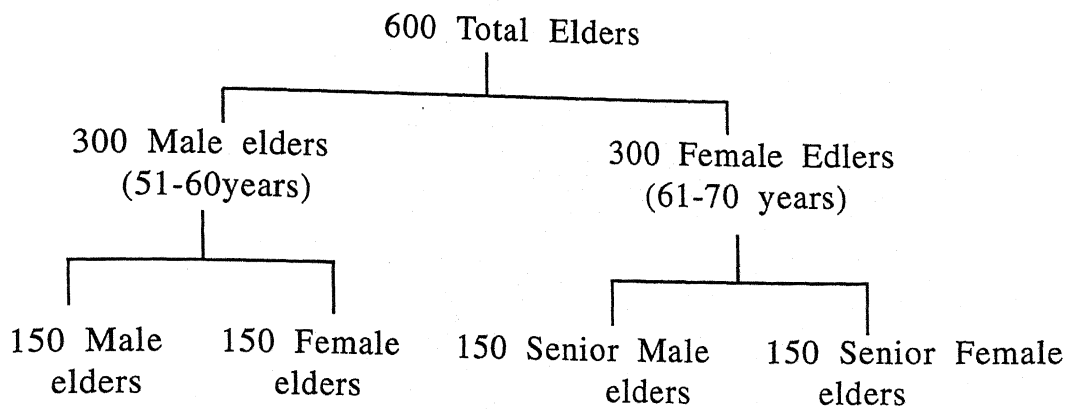
The present study is an attempt to study the attitude towards ageing, stress, adjustment and coping strategies of older people. The present study would be valuable in policy and decision concerning ageing problems and fulfil the motto of the UN Assembly (1992) on ageing "Add life to years". It also includes efforts to enhance a sense of well being, quality of life and happy or successful ageing.

Research Methods and Procedures

The sample, the design, methods and procedures of the study have been discussed with regard to the following heads-

Sample

In the present study 300 elders (age 51-60 years) and 300 senior elders (age 61-70 years) of ORAI city selected in the sample. The 300 male and 300 female elders selected through stratified random sampling technique. Elders in the range of middle low socio-economic status class were included in the sample. A schematic breakup of the sample is shown below-



Design and Variables Involved

The present study is an exploratory nature in which the independent variables have already occurred and research starts with the observations of dependent variables. The independent variables are studied in respect of their possible relation that effect on dependent variable. An ex-post-facto research design was considered suitable for the present study.

There are two types of variables in the present study-

I) *Independent Variable-*

Gender (Male & Female)

Types of Elders (Elders & Senior Elders)

Adjustment (Good, Average & Poor)

Stress as different psychological states

(High, Average & low)

Coping Strategies (Good, Average & Poor)

II) Dependent Variable

Attitude Towards Ageing

It was desirable that other critically relevant variables would be adequately controlled. In this context family size and its composition, socio-economic status and health status are some crucial variables.

The Tools used

The following tools were used in the present study

i) *Shamshad-Jasbir Old Age Adjustment Inventory*

By Shamshad Hussain & Jasbir Kaur

ii) *Eight State Questionnaire*

By Curran & Cattell and Others

(iii) *Attitude Towards Ageing Scale*

By Dr. Taresh Bhatia & Dr. Prabhasker Rai

(iv) *Coping Styles Scale*

By Dr. Taresh Bhatia & Dhiraj Gupta

The collection of Data

Administration of psychological tests is a technical process. It needs a clear grasp of the process and its various facts. The respondents need suitable motivation to take up the test in right earnest and express their real feelings in a frank and straight forward manner. The administrator needs to earn the confidence

of the respondees and has to satisfy them for the worth utility of the administration to them and to others through them.

The subjects of the present study were selected from prescribed population. The selected elders were administered four tests and requested to answer the questions sincerely and truthfully. They were assured that the responses would be kept confidential.

The Statistical Technique Used

The first purpose of the present study was to compare the attitude towards ageing between male and female, between elders & senior elders, among good, average & poor adjusted elders, among different psychological states and among good, average & poor coping strategies related elders. The mean and standard deviation of each group were calculated.

The comparison between different groups were made on the basis of critical ratio with 0.05 and 0.01 levels of confidence considered significant. Hypothesis from 1 to 5 were tested by applying critical ratio.

Another purpose of the present study was to find out the effect of gender (male & female), types of elders (elders & senior elders), adjustment (good, average & poor), coping strategies (good, average & poor) and different psychological states (high, average & poor) on attitude towards ageing, for this purpose analysis of variance was calculated.

The Data Analysis & Discussion

The results have been presented according to the following scheme. A mention of this may facilitate to understand the whole view of the work done-

- Part A- Overall comparison of the attitude towards ageing between male and female elders.
- Part B- Overall comparison of the attitude towards ageing between elders and senior elders.
- Part C- Overall comparison of the attitude towards ageing among good, average and poor adjusted elders.
- Part D- Overall comparison of the attitude towards ageing among different psychological states related elders.
- Part E- Overall comparison of the attitude towards ageing among good, average and poor coping strategies related elders.
- Part F- The effect of gender (male & female) and types of elders (elders and senior elders) on attitude towards ageing.
- Part G- The effect of gender (male & female) and adjustment (good, average & poor) on attitude towards ageing.
- Part H- The effect of gender (male & female) and different

psychological states (high, average & low) on attitude towards aging.

Part I - The effect of gender (male & female) and coping strategies (good, average & low) on attitude towards ageing.

Part J- The effect of gender (male & female), types of elders (elders & senior elders) and adjustment (good, average & poor) on attitude towards ageing.

Part K The effect of gender (male & female), types of elders (elders & senior elders) and different psychological states (high, average & low) on attitude towards ageing.

Part L The effect of gender (male & female), types of elders (elders & senior elders) and coping strategies (good, average & poor) on attitude towards ageing.

Conclusion

The following are the conclusions of the present study-

1. The female elders have significantly more positive attitude towards ageing than male elders.
2. The senior elders have significantly positive attitude towards ageing than elders.

3. The elders of good adjustment (health, home, social, marital, emotional & financial) have significantly more positive attitude towards ageing.
4. The elders of low psychological states as anxiety, stress, depression, regression, fatigue, guilt and extroversion have significantly more positive attitude towards ageing.
5. The elders of good coping strategies have significantly positive attitude towards ageing than average & poor coping strategies related elders.
6. The gender (male & female) and types of elders (elders & senior elders) significantly effect the attitude towards ageing but the interaction effect of gender and types of elders do not significantly effect the attitude towards ageing.
7. The gender (male & female), adjustment (good, average & poor) and their interaction significantly effect the attitude towards ageing.
8. The health, home, social, marital, emotional and financial adjustment of elders significantly effect the attitude towards ageing.
9. The different psychological states as stress, depression, regres-

sion, fatigue and guilt (high, average & low) significantly effect the attitude towards ageing.

10. The interaction effect of gender (male & female) and psychological states as regression and arousal significantly effect the attitude towards ageing.
11. The gender (male & female), coping strategies (good, average & poor) significantly effect the attitude towards ageing but their interaction do not significantly effect the attitude towards ageing.
12. The interaction effect of gender, types of elders and adjustment significantly effect the attitude towards ageing.
13. The interaction effect of gender, types of elders and coping strategies (good, average & poor) significantly effect the attitude towards ageing.
14. The interaction effect of gender, types of elders and stress state (high, average & low) do not significantly effect the attitude towards ageing.

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SHAMSHAD HUSSAIN (Patna)
JASBIR KAUR (Patna)

Reusable Booklet
of

SJOAI

(Hindi Version)

T. M. No. 458715

निर्देश

वृद्धावस्था में उत्पन्न समस्याओं से सम्बन्धित प्रश्न यहाँ दिए गए हैं। इन प्रश्नों के द्वारा आप स्वयं को अच्छी तरह जान सकते हैं। अगले पृष्ठों में लिखित प्रश्नों के उत्तर अगर आप सही ढंग से देंगे तो आप स्वयं को अच्छी तरह जान पाएँगे।

आपके उत्तरों के गलत होने की सम्भावना नहीं है। प्रत्येक प्रश्न का उत्तर आप 'हाँ' अथवा 'नहीं' अथवा '?' वाले खाने (☐) में दे सकते हैं। इन तीनों में से जो उत्तर आपके विचार में सबसे अधिक ठीक हो, उसे उत्तर-पत्र में अंकित प्रत्येक प्रश्न के प्रत्युत्तर के नीचे वाले खाने (☐) में क्रौस का चिह्न (✕) लगा दें। प्रश्नवाचक चिह्न को आप तभी क्रौस (✕) करें जब निश्चित हो जाएँ कि आप 'हाँ' या 'नहीं' में उत्तर नहीं दे सकते हैं। समय की सीमा नहीं है, फिर भी आप इसे जल्दी ही समाप्त करने की चेष्टा करें।

अगर कुछ प्रश्न आपसे सम्बन्धित न हों तो कृपया उत्तर न दें। जब तक आपसे कहा नहीं जाए उत्तर देना आरम्भ नहीं करें। आदेश मिलने पर ही पृष्ठ को उलटें।

Estd. : 1971

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Shamshad-Jasbir Old-age Adjustment Inventory (SJOAI)

1. (ख) क्या आप स्वयं को अपने घर में उसी आदर-सम्मान के साथ महसूस करते हैं जैसा पहले करते थे ?
2. (ग) क्या समाज में आप स्वयं को इस उम्र में प्रतिष्ठित महसूस करते हैं ?
3. (च) क्या आप वृद्धावस्था को संवेगहीन (भावना रहित) समझते हैं ?
4. (घ) क्या आप इस उम्र में भी अपने वैवाहिक सम्बन्ध से आकर्षण महसूस करते हैं ?
5. (क) क्या आप बुढ़ापे को एक रोग की संज्ञा देते हैं ?
6. (ग) क्या आपने कभी यह महसूस किया है कि आपका सामाजिक दायरा घट रहा है ?
7. (क) क्या आप सोचते हैं कि वृद्धावस्था के आने पर व्यक्ति शारीरिक रूप से विवश हो जाता है ।
8. (घ) क्या आप ऐसा सोचते हैं कि आपका जीवन आपके जीवन-साथी के बिना अधूरा है ?
9. (च) क्या आपके मन में कभी आत्म-हत्या करने का विचार आया है ?
10. (क) क्या आपको ऐसा लगता है कि इस उम्र में बीमारी से अधिक बीमारी की चिन्ता बनी रहती है ?
11. (ख) क्या आपके बच्चे आपसे पहले जैसा सम्बन्ध रखते हैं ?
12. (घ) क्या आप ऐसा महसूस करते हैं कि आप अपने जीवन-साथी पर पहले से अधिक निर्भर हैं ?
13. (च) कभी आप यह तो महसूस नहीं करते कि वृद्धावस्था में खुलकर हँस या रो नहीं सकते ?
14. (ग) क्या समाज के लोग आपके अनुभवों और विचारों की अपेक्षा (आशा) रखते हैं ?
15. (क) क्या आप हमेशा अपने आपको किसी तनाव और दुविधा में घिरा हुआ पाते हैं और आपको उच्च रक्तचाप की शिकायत हो जाती है ?
16. (घ) आपके जीवन-साथी के मन में आपके प्रति शंका तो नहीं होती कि उसकी उम्र ढलने के बाद आपकी रुचि अब उसमें नहीं रही ?
17. (च) क्या आपको अपने घर में या बाहर अब अपने सम्मान की अधिक चिन्ता रहती है ?
18. (छ) क्या आप आर्थिक रूप से अब भी अपने में स्वतन्त्र हैं ?
19. (ग) क्या लोगों के बीच रहकर आप स्वयं को अधिक सुरक्षित महसूस करते हैं ?
20. (ख) क्या आपकी नौकरी समाप्त हो जाने पर घर के लोग आपको बोझ तो नहीं समझते ?
21. (घ) अपने सम्बन्धों को दृढ़ रखने के लिए क्या आप एक दूसरे को अधिक चाहते हैं ?
22. (क) क्या आप किसी भी मामूली शारीरिक रोग से जल्द घबड़ा जाते हैं ?
23. (ग) क्या प्रायः आपको ऐसा तो नहीं लगता कि आप सामाजिक सम्मेलन में जाने से हिचकिचाते हैं ?
24. (च) क्या आप बुढ़ापे में होने वाली लम्बी बीमारी से आतंकित रहते हैं ?
25. (ग) क्या आपको ऐसा लगता है कि आपके पास जो भी समय है वह काटे नहीं कटता ?

26. (छ) क्या जब आपको पैसों की जरूरत होती है तो आप घर के लोगों पर निर्भर करते हैं ?
27. (क) क्या आर दवाओं पर अधिक निर्भर करने हैं ?
28. (ख) क्या बच्चे आपके धन की उम्मीद में आपकी सेवा करते हैं ?
29. (ग) जब आपके घर पर लोग आते हैं तो क्या आप सह्य उनसे मिलते हैं ?
30. (च) क्या आप इस बात पर चिन्तित रहते हैं कि कल क्या होगा ?
31. (घ) क्या आप अपने जीवन-साथी की राय लेकर ही कोई कार्य करते हैं ?
32. (च) क्या थोड़ी सी बात पर आपका दिल बहुत घटकने लगता है ?
33. (ख) क्या आप घर में किसी काम में सहायता देने को तैयार रहते हैं परन्तु घर के लोग आपका सहयोग नहीं चाहते ?
34. (क) क्या आप चाहते हैं कि आप हमेशा बीमार पड़ रहे और लोग आपकी देखभाल में लगे रहें ?
35. (च) क्या आपको अपने पर कभी-कभी रोना आता है ?
36. (छ) क्या आपको अपनी सम्पत्ति, पेंशन, भविष्य-निधि के पैसों को अधिक संजोने की आवश्यकता है ?
37. (घ) क्या आप (पति-पत्नी) आपस में मनमुटाव होने पर भी किसी को इस बात को महसूस नहीं होने देते ?
38. (ग) अवकाश ग्रहण करने के बाद या रोजगार से अलग होने के बाद क्या आपकी रुचि लोगों के प्रति कम हो गई है ?
39. (ख) अगर आपके पास पर्याप्त धन और सम्पत्ति है तो क्या आप बच्चों को उस धन का उपयोग करने देते हैं ?
40. (क) क्या आप अपनी बीमारी की हालत में हर चीज की, लोगों से अधिक अपेक्षा करने लगते हैं ?
41. (ग) क्या आप कभी इतने निराश हो जाते हैं और बिल्कुल अकेला रहना चाहते हैं ?
42. (छ) धन रहते हुए भी आप इस उम्र में बहुत कम खर्च तो नहीं करना चाहते ?
43. (ग) क्या आप छोटे बच्चों में रुचि लेते हैं और उन्हें नैतिक बातों की जानकारी कहानियों से या पुस्तकें पढ़कर देते हैं ?
44. (घ) क्या आप अपने जीवन-साथी की पसन्द का खयाल रखते हैं ?
45. (क) वृद्धावस्था में किसी भी प्रकार का रोग हो सकता है, क्या इस बात पर आप बराबर चिन्तित रहते हैं ?
46. (छ) क्या आपको पैसों के लिए अपने बच्चों पर निर्भर रहना अच्छा लगता है ?
47. (घ) क्या आप ऐसा महसूस करते हैं कि पत्नी को बाहर के कामों में अधिक रुचि नहीं लेनी चाहिए, और उसे घर के दायरे तक ही सीमित रहना चाहिए ?
48. (ख) क्या आप ऐसा महसूस करते हैं कि घर के लोगों को आपकी आवश्यकता है ?
49. (क) क्या अपना व्यवहार बीमारी में ऐसा रखते हैं कि सभी को पता न लगे कि आप बीमार हैं ?
50. (च) क्या आप अपने ऊपर ही शोध करते हैं ?

51. (घ) क्या आप (पति-पत्नी) अभी भी एक-दूसरे पर उतना विश्वास रखते हैं जितना पहले रखते थे ?
52. (ग) क्या समाज में लोग आपको अनुभवी और परिपक्व की श्रेणी में रखते हैं और आपको आदर देते हैं ?
53. (क) आप अपनी अस्वस्थता के कारण घर के लोगों को मुश्किल में तो नहीं डाले रहते ?
54. (छ) क्या आप चाहते हैं कि अवकाश के बाद भी आप स्वयं कुछ अर्जित करते रहें ?
55. (घ) क्या आप अपने आपको आकर्षक बनाए रखने के लिए तरह-तरह के कृत्रिम उपाय करते रहते हैं ?
56. (क) क्या आप थोड़ी सी बीमारी में भी चाहते हैं कि आप अकेले पड़े रहें ?
57. (च) क्या आपको यह भय तो नहीं लगा रहता कि आप कहीं गिर न जायें ?
58. (ग) क्या अब आप लोगों की भीड़-भाड़ से घर के बाहर अधिक परेशान हो जाते हैं ?
59. (क) क्या किसी भी बीमारी से आप पर गहरी निराशा छाई रहती है ?
60. (छ) क्या आपके पास पर्याप्त जमा पूंजी है और आप पूरी तरह से सन्तुष्ट हैं ?
61. (ख) क्या आप चाहते हैं कि आपके बच्चे हमेशा आशाकारी बने रहें, और इसी बात पर आप चिंतित रहते हैं ?
62. (च) क्या आप अकेले कमरे में दरवाजा बन्द करके सोना पसन्द करते हैं ?
63. (क) क्या हर दिन सुबह से ही आप अपने को बीमार जैसा थका हुआ पाते हैं ?
64. (ख) क्या आप बच्चों को स्वतंत्र रूप से उनकी जिम्मेदारियों को निभाने की छूट देते हैं ?
65. (ग) जब कभी आप अपने मित्रों के बीच बैठते हैं तो उन्हें भी बोलने का मौका देते हैं या स्वयं ही उसका लाभ उठाते हैं ?
66. (क) क्या आप अपनी बीमारी की हालत में भी इस बात को महत्व देते हैं कि आत्मबल से आप अपनी बीमारी कम कर सकेंगे ?
67. (ख) क्या आप महसूस करते हैं कि अगर आपकी मृत्यु हो जाएगी तो आपकी पत्नी/पति का जीवन बच्चों के हाथ सुरक्षित रहेगा ?
68. (च) क्या आप यह सोचकर परेशान रहते हैं कि इस जीवन ने आपको बहुत नहीं दिया ?
69. (ग) पहले की तुलना में क्या अब आप अपने मित्रों से अपनी समस्या या कठिनाई की चर्चा अधिक करते हैं ?
70. (घ) क्या आप रूप-रंग के बाहरी आकर्षण को अपने वैवाहिक जीवन में अधिक महत्व देते हैं ?
71. (छ) क्या आपने अपनी सम्पत्ति, भविष्य निधि या और किसी भी वस्तु को बच्चों में पहले ही बाँट दिया है जिसके कारण अब आप अपने को मजबूर समझते हैं ?
72. (ग) क्या आप जीवन को आशामय लेते हुए समाज में लोगों के लिए प्रेरणास्वरूप कुछ कार्य करते हैं ?
73. (ख) क्या आप घर के वातावरण को आनन्दमय बनाने में सहयोग देते हैं ?
74. (च) क्या आपको हमेशा किसी चीज के खो जाने का डर लगा रहता है ?
75. (घ) अगर आपकी पत्नी सुशिक्षित और अपने कार्य क्षेत्र में निपुण है तो आपको उससे ईर्ष्या तो नहीं होती ?

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76. (क) क्या आप पिछले कुछ वर्षों से लगातार बीमार रहे हैं ?
77. (ख) क्या बीमार पड़ने से आप इसलिए डरते हैं कि लोग आपकी सेवा नहीं करेंगे ?
78. (च) क्या आप स्वयं को किसी काम में व्यस्त रखना अधिक अच्छा समझते हैं, क्योंकि अकेलापन आपको काटता है ?
79. (घ) अगर आपकी पत्नी कमाऊ है तो इस बात से आप में अहं की भावना का अधिक बोध तो नहीं होता ?
80. (च) क्या आपको ऐसा महसूस होता है कि दूसरों की तुलना में आपके जीवन में कोई आकर्षण नहीं ?
81. (ग) क्या आप बुजुर्ग होने के नाते लोगों के बीच अपनी अलग पहचान बनाना चाहते हैं ?
82. (छ) क्या आपके अवकाश के बाद भी बच्चों का दायित्व, जैसे— शादी-व्याह, पढ़ाई-लिखाई इत्यादि आप पर है ?
83. (क) घर में रहते हुए बीमारी के समय क्या आप किसी नर्स की सेवा लेना चाहते हैं ?
84. (क) क्या आप इस बात को महत्व देते हैं कि बृद्धावस्था में अस्वस्थता तो बनी रहती है, इसलिए आप चिन्ता क्यों करें ?
85. (ख) क्या घर में आपको अपनी रुचि और स्वाद के अनुकूल भोजन उपलब्ध है ?
86. (च) क्या आप अपने मित्रों और सम्बन्धियों की मृत्यु को याद कर अधिक दुःखी और चिन्तित इसलिए हो जाते हैं कि आपको अपनी मृत्यु से डर लगता है ?
87. (छ) क्या आप ऐसा सोचते हैं कि बच्चों की जरूरतें आपने पूरी की हैं और बड़े होने पर वह अपनी आय से आपकी जरूरतें पूरी करें ?
88. (ख) क्या घर के लोग दूसरों के सामने आपकी उपस्थिति पसन्द करते हैं ?
89. (क) अगर आप अकेले हैं और बीमार हो गए हैं तो क्या आप अपने बच्चों के पास जाना चाहते हैं ?
90. (छ) अब आप स्वयं रोजी तो नहीं कमाते इसलिए कहीं आप अपने आपको बहुत छोटा तो नहीं समझते ?
91. (घ) क्या आप अपने जीवन-साथी की भावना की कद्र करते हैं ?
92. (क) क्या आप हर तरह का शारीरिक कष्ट बिना धबराहट झेलते हैं ?
93. (क) क्या आप किसी भी बात को जल्दी भूल जाते हैं ?
94. (ग) क्या आप दूसरों का दुःख-सुख बाँटने की प्रबल इच्छा रखते हैं ?
95. (च) क्या आप कभी इस बात पर अधिक दुःखी हो जाते हैं कि आप दूसरों पर निर्भर हैं ?
96. (छ) क्या आप इस बात में विश्वास रखते हैं कि अपनी स्वतन्त्र आमदनी या पैसे के अभाव में समाज में प्रतिष्ठा नहीं रहती ?
97. (घ) उम्र ढलने के बाद पति-पत्नी के सम्बन्धों में कोई बिछराव या कड़वाहट तो नहीं पैदा हो गई है ?
98. (क) क्या आप बीमारी के समय स्वयं को बहुत अकेला और असुरक्षित महसूस करते हैं ?
99. (ख) क्या आप घर के लोगों के साथ रेडियो सुनना, टी०वी० देखना ज्यादा पसन्द करते हैं ?
100. (ग) क्या आप समय व्यतीत करने के लिए कुछ खेल घर के बच्चों के साथ खेलना पसन्द करते हैं ?

101. (ख) किसी भी पारिवारिक समस्या को सुलझाने में क्या आप अपना सुझाव देना पसन्द करते हैं ?
102. (च) क्या आप अभी भी दैनिक जीवन के कार्य-कलापों को नियमित ढंग से लेकर चलते हैं ?
103. (ग) क्या आप हर व्यक्ति को सन्देह की दृष्टि से देखते हैं ?
104. (घ) क्या आप सोचते हैं कि आजीवन और मृत्यु उपरान्त अपनी पत्नी को किसी पर बोझ न बनने दें ?
105. (क) क्या आपको नींद कम आती है ?
106. (ग) क्या आप इस उम्र में भी सामाजिक हैं जैसे पहले थे ?
107. (ख) क्या आप अपने व्यक्तिगत अनुभवों को घर के लोगों के साथ बाँटते हैं ?
108. (ख) क्या आप अपनी व्यक्तिगत समस्या को घर के लोगों को कहने में संकोच करते हैं ?
109. (छ) क्या आप ऐसा सोचते हैं कि आपकी व्यक्तिगत आय सोमित होने पर आपके हाथ बँध गए हैं ?
110. (च) क्या आप जोर की आवाज और तेज रोशनी से डर जाते हैं ?
111. (ग) घर में किसी अतिथि के आने से क्या आपको खुशी नहीं होती ?
112. (क) आप अपनी बीमारी से घबड़ाकर आत्महत्या की बात तो नहीं सोचते ?
113. (ख) क्या आपका घर में किसी विशेष व्यक्ति के प्रति लगाव है ?
114. (छ) क्या आप अपनी ज़रूरतों को पूरा करने के लिए, जिससे आमदनी होती रहे, कोई पार्ट-टाइम काम करना पसन्द करते हैं ?
115. (च) क्या आप मन की बेचैनी के कारण अक्सर रात में उठकर टहलने लगते हैं ?
116. (क) जब कभी आप डाक्टर के पास जाते हैं तो क्या आप अगले रोग को अधिक बढ़ा-चढ़ा कर कहते हैं ?
117. (ख) क्या घर में लोग आपके विचारों की प्रशंसा करते हैं ?
118. (घ) क्या आप घर के किसी भी सदस्य की समस्या को सुनना पसन्द करते हैं ?
119. (ग) क्या आपको ऐसा लगता है कि घर के लोग आपसे इसलिए अलग रहते हैं क्योंकि आप बहुत चिड़चिड़े हो गए हैं ?
120. (च) क्या आप किसी दुर्घटना का समाचार सुनना भी नहीं चाहते ?
121. (छ) क्या आप यह सोचते हैं कि आपके आर्थिक रूप से सम्पन्न रहने पर बच्चे भी आपके नियंत्रण में रहते हैं ?
122. (ख) क्या आप घर में अपना समय खुशहाली से बिताने में समर्थ हैं ?
123. (ख) क्या आप परिवार के प्रति जिम्मेदारी पूरी करने के बाद भी कभी-कभी अकारण चिन्तित हो जाते हैं ?
124. (क) क्या आप अपनी दवा, आहार, दैनिक आवश्यकताओं के लिए इस उम्र में अधिक चिन्तित रहते हैं ?
125. (ख) क्या आप यह महसूस करते हैं कि आपका घर हर तरह से सम्पन्न और खुशहाल है ?



T. M. No. 458715

ANSWER SHEET

OF

S J O A I

Shamshad Hussain (Patna)

Jasbir Kaur (Patna)

कृपया निम्न सूचनाएँ भरिए (Please fill in the following informations) —

नाम (Name) आयु (Age)

शिक्षा (Education) स्थायी पता (Permanent Address)

व्यवसाय या नौकरी (Business or Service) वार्षिक आय (Annual Income)

अवकाश प्राप्त/कार्यरत (Retired/In Job) परिवार संयुक्त/एकाकी (Family Joint/Nuclear)

आपके साथ परिवार में और कौन-कौन से लोग रहते हैं ? (Which other persons live with you in the family)

SCORING TABLE

समायोजन क्षेत्र (Adjustment Area)	क (A)	ख (B)	ग (C)	घ (D)	च (E)	छ (F)	योग (Total)	विवेचन (Interpretation)

Estd. 1971

☎ (0562) 364926

NATIONAL PSYCHOLOGICAL CORPORATION

4/230, KACHERI GHAT, AGRA - 282 004 (U. P.) INDIA

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प्र. सं. Q. No.	हाँ Yes	नहीं No	?	प्र. सं. Q. No.	हाँ Yes	नहीं No	?	प्र. सं. Q. No.	हाँ Yes	नहीं No	?	प्र. सं. Q. No.	हाँ Yes	नहीं No	?	प्र. सं. Q. No.	हाँ Yes	नहीं No	?
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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अष्ट परिस्थितियों प्रश्नावली

8 S Q

FORM A -1990

भारतीय अनुकूलन - श्री मनम कपूर (नई दिल्ली) एम. बी. महेश भागवत (अमरा)

इस पुस्तिका में अधिकांश व्यक्तियों द्वारा किसी एक अथवा अन्य समय पर व्यक्त होने वाली मानसिक दशा एवं भावनाओं से सम्बन्धित कथन दिये गये हैं। इनमें कहीं 'सही' अथवा 'गलत' उत्तर जैसी कोई बात नहीं है। चूँकि हर व्यक्ति के विचार एक दूसरे से भिन्न होते हैं, इसलिए आपकी इन कथनों के उत्तर केवल इस आधार पर देने हैं कि प्रश्न पाने के बाद कथन या प्रश्न के संबंध में आप उस क्षण कैसा महसूस कर रहे हैं। आपके प्रश्नों के उत्तर आपकी भावनाओं के सामान्य रूप से महसूस होने वाले विचारों पर आधारित न होकर, कथन या प्रश्न की तत्क्षण होने वाली प्रतिक्रिया के आधार पर होने चाहिए।

कृपया अपने उत्तर-पत्र पर ही लिखें। प्रत्येक प्रश्न में चार विकल्प यथा - a, b, c एवं d दिये गये हैं। उनमें से एक विकल्प को चुनिए जो कि आपकी उस क्षण महसूस भावना को सबसे अच्छा प्रतिबिम्बित करता है। तत्पश्चात् चुने हुए इस उत्तर को आप विकल्प के सामने सही चिन्ह (✓) द्वारा निर्दिष्ट कीजिए। प्रत्येक प्रश्न के लिए केवल एक ही विकल्प पर सही का चिन्ह अंकित करें। इस बात की भली भौति जाँच कर लीजिए कि प्रश्न पुस्तिका पर दिए गए कथन क्रमांक वही हों जो उत्तर-पत्र में आपके द्वारा लगाए गए सही चिन्ह वाले विकल्प के अक्षर का उत्तर क्रमांक है।

उदाहरण

(1) मैं प्रसन्नचित महसूस करता हूँ।

- अत्यधिक
- प्रायःसत्य
- प्रायःअसत्य
- अधिकतर असत्य

इनमें से किसी एक उत्तर का चुनाव निश्चित ही आपको करना है। यदि इस समय आप सचमुच में ही प्रसन्नचित महसूस कर रहे हैं तो आप a का चुनाव करेंगे तथा उसी पर सही का चिन्ह (✓) अंकित करेंगे। यदि आप इस क्षण अत्यधिक अप्रसन्न महसूस कर रहे हैं तो आप d विकल्प पर सही का चिन्ह (✓) लगाइये। विकल्प b एवं c के द्वारा चिन्हित उत्तर तो सामान्य प्रसन्नता अथवा अप्रसन्नता को ही व्यक्त करेगा। परन्तु b अथवा c उत्तरों का उपयोग तब तक न कीजिए जब तक आप यह महसूस भलीभौति न कर लें कि तत्क्षण भाव के आधार पर a अथवा d विकल्प को चुनने में आप असमर्थ हैं।

निम्न बातों को ध्यान में रखिए :

- अपने उत्तर को सोचने में अत्यधिक समय न लगाएँ, इस क्षण आप उस कथन के संबंध में कैसा महसूस करते हैं, उसके प्रथमतः महसूस होने वाले स्वाभाविक उत्तर को ही लिखें।
- जाँच कर लें कि उत्तर पुस्तिका में लिखे गए उत्तर क्रमांक वही हैं जो प्रश्न-पुस्तिका में कथन क्रमांक हैं।
- प्रत्येक उत्तर पर प्रत्युत्तर दीजिए। चाहे आपकी दृष्टि में उस कथन का उत्तर आप पर प्रयुक्त नहीं होता हो। आपका उत्तर पूर्णतः गोपनीय रखा जाएगा।
- जो भी आपकी भावनाओं एवं विचारों में है, वही सत्य एवं ईमानदारी से प्रत्युत्तर रूप में लिखिए। कृपया किसी ऐसे उत्तर पर चिन्ह न लगाएँ जो सही बात कहने सा प्रतीत हो रहा है।
- इस क्षण में जो आपकी मनःस्थिति है उसी के अनुसार ही उत्तर लिखिए।

1. इस क्षण मुझे न कोई समस्या है न विन्ता ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

2. इस समय मुझ पर..... है।

- a. बहुत ज़्यादा दबाव
- b. कुछ दबाव
- c. शायद ही कोई दबाव
- d. किसी तरह का कोई दबाव नहीं

3. मैं इस समय सचमुच ही काफी आवेग में हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

4. जिस प्रकार मैं अभी महसूस कर रहा हूँ, मेरे लिए कोई भी कठिन समस्या.....?

- a. अत्यधिक चुनौतिपूर्ण है
- b. प्रायः चुनौतिपूर्ण है
- c. शरारत पूर्ण है
- d. समाधान करने में कठिन है

5. इस क्षण मैं अत्यधिक आलस्य का अनुभव कर रहा हूँ -

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

6. मैं इसका सार्थक रूप से धक चुका हूँ और इतनी अधिक विन्ता करता हूँ कि मेरे हाथ कौप रहे हैं -

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

7. आज जब मैंने लोगों से बात की, तब मैंने सोचा कि क्या सचमुच मैं वे लोग मेरी बातों में रुचि रखते हैं कि मैं क्या कह रहा हूँ

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

8. आज मेरे मस्तिष्क में उच्च विचार निरंतर आ रहे हैं।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

9. मैं तनाव एवं बेचैनी महसूस करता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

10. आज मैं उतना अच्छा कर रहा हूँ, जितना मैं सचमुच में कर सकता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

11. जिस रूप में मैं अभी महसूस कर रहा हूँ, उससे ऐसा लगता है कि मैं उन लोगों की दया पर अत्यधिक आश्रित नहीं हूँ जिन्हें मैं जानता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

12. मेरी वर्तमान मनःस्थिति के अनुसार मैं स्वयं को सक्रीय पाता हूँ।

- a. बहुत सावधानीपूर्वक एवं जानबुझकर
- b. कहीं अधिक सचेत एवं सावधानीपूर्वक
- c. कहीं अधिक आवेगात्मक
- d. बिना सोचे-समझे अत्यधिक सम्वेगपूर्वक

13. मैं महसूस करता हूँ -

- a. अत्यधिक जागृत
- b. प्रायः जागृत
- c. कुछ-कुछ सुस्त
- d. अत्यधिक सुस्त

14. इस क्षण मुझे कोई ऐसा अजीब सा दर्द और कष्ट नहीं है जिसका मैं वर्णन न कर सकूँ -

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

15. इस क्षण मैं महसूस करता हूँ -

- a. अत्यधिक बातूनी
- b. प्रायः बातें करने वाला
- c. प्रायः शान्त
- d. अत्यधिक शान्त

16. मैं महसूस करता हूँ कि मुझे सोने की आवश्यकता है किन्तु बिस्तर पर जाते समय मैं इतना अधिक संवक्षित रहता हूँ कि सोने का प्रयत्न करने पर भी नहीं सो पाता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

17. यदि अभी कोई दुर्घटना हो जाए तो मैं न तो अत्यधिक उत्तेजित होऊँगा न विचलित।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
18. अभी परिस्थितियों मुझे सरलतापूर्वक रहने की अनुमति नहीं देंगी।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
19. इस क्षण मैं इतना आशावादी नहीं हूँ जितना कि मैं सामान्यतः रहता हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
20. यदि मुझे इसी क्षण सामूहिक कार्य में भाग लेना पड़े तो सहम्यता करूँगा।
a. अत्यधिक सहयोग एवं जोश के साथ
b. कहीं अधिक सहयोग के साथ
c. शायद कहीं अधिक सहयोग के साथ
d. अत्यधिक सहयोग के साथ
21. मैं आज बहुत थक गया हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
22. जिस रूप में मैं अभी महसूस करता हूँ उससे मुझे आश्चर्य होता है कि मेरे जीवन में, वास्तव में, मैं किसी व्यक्ति के काम आया हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
23. यदि इस क्षण में भोड़ में रहता तो महसूस करता -
a. अत्यधिक आराम
b. अधिक आरामदायक
c. अधिक कष्ट
d. अत्यधिक कष्ट
24. मैं अब तेज़ एवं शोर मचावे वाले संगीत की अपेक्षाकृत हल्का, निद्रासमय संगीत सुनना चाहूँगा।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
25. इस क्षण मैं अपना, हृदय चाप जैसी शारीरिक बेचैनी अनुभव नहीं करता।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
26. मेरी जिन्दगी का वर्णन से हो सकता है।
a. अत्यधिक चंचल एवं शक्तिहीन
b. अधिकतर चंचल एवं कुछ-कुछ शक्तिहीन
c. अधिकतर आरामदेह
d. पूर्णतः आरामदेह
27. मैं अभी अपने मित्रों के साथ किसी प्रकार के खेल या क्रीडा में आनन्द लेने की मन् स्थिति में हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
28. आज मेरे मस्तिष्क में ध्वनि तरंगों का निरन्तर संचार हो रहा है तथा वे मेरे विचारों में व्यवधान उत्पन्न करती हैं यद्यपि मैं नहीं चाहता हूँ कि मेरे विचारों में व्यवधान उत्पन्न हो।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
29. मैं पूर्णतः तेज़ एवं शक्ति महसूस करता हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
30. इस क्षण मैं स्वयं में किन्हीं बातों से बोधी होने की भावना महसूस करता हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
31. इस क्षण मैं किसी भी शोर-मचावे वाले समूह में रहना पसन्द करता हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
32. आज मुझे पूर्णतः जागृत एवं सतर्क रहने के लिए परिश्रम करना पड़ेगा।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य

33. मेरी वर्तमान मनः स्थिति के अनुसार मुझे डर है कि कहीं मैं अपना समय खोकर किसी व्यक्ति को कुछ बुरा न कह दूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
34. मैं कहना चाहता हूँ कि मैं इस वक्त हूँ।
 a. पूर्णतः शान्त
 b. मामूली शान्त
 c. कुछ-कुछ बेचैन
 d. अत्यधिक बेचैन
35. आज मुझे अपने द्वारा अपने लिए किये गए कार्यों से अत्यधिक आनन्द प्राप्त हुआ है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
36. मैं इस क्षण मानसिक एवं शारीरिक दोनों तपह से पूर्ण स्वस्थ महसूस करता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
37. यदि सबकुछ ही आज मैं कठिन कार्य करता तो भी शक्तिहीन या थका हुआ महसूस नहीं करता।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
38. मैं महसूस करता हूँ कि मैंने अपने कर्तव्यों का पालन इस तरह से किया है जिसका प्रत्येक व्यक्ति समर्थन करता है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
39. इस क्षण मैं अपने आप को अत्यधिक निडर एवं साहसी महसूस करता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
40. ऐसा प्रतीत होता है कि इस समय मैं स्पष्टतः सोचने में अस्मर्थ हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
41. जिस रूप में मैं अनुभव करता हूँ उससे ऐसा लगता है कि मैं अधिकांश घटित होने वाली घटनाओं को सँभाल सकूँगा।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
42. इस क्षण मैं किसी भी प्रकार का अत्यधिक दबाव या तनाव महसूस नहीं कर रहा हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
43. तेज़ शोर तथा तेज़ आवाज़ आज मेरे लिए कष्टदायक व असहनीय हो रही है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
44. आज जब मैं पूर्ण रूप से अनेकी बातों के बारे में सोच रहा हूँ तब मेरे मस्तिष्क में पुराने दृश्य उत्पन्न हो जाते हैं।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
45. इस क्षण, मेरे हाथ-पैर इतने भारी महसूस हो रहे हैं कि उन्हें हिलाना भी मुशकिल लग रहा है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
46. आज मेरी मनः स्थिति मींगने और शिकायत करने की है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
47. अभी कहानियाँ सुनने की बजाए कहानियाँ पढ़ने में अधिक आनन्द आएगा।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
48. इस क्षण, मैं हमेशा की अपेक्षा अधिक स्पष्ट सुन सकता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य

49. वर्तमान मनः स्थिति में ऐसा लगता है कि यदि मेरे कार्य गलत हुए तो मुझे लगभग ओसू ही बगाने पड़ेगे।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
50. ऐसा प्रतीत होता है कि मैं उत्तरोत्तर कुछ करने की भावना से प्रेरित हूँ, एवं हज़ारों ऐसे काम हैं जिन्हें मुझे करना चाहिए।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
51. इस क्षण में इतना प्रसन्न नहीं हूँ जितना मैं अपने चारों तरफ वालों को महसूस कर रहा हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
52. वर्तमान मनः स्थिति में किसी भी कार्य को आसानी से कर सकने का संकल्प कर सकता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
53. इस क्षण मुझे ऐसा लग रहा है कि -
 a. कहीं लेट जाऊँ तथा आराम करूँ
 b. किसी भी बात का सरल रूप में लूँ
 c. कुछ करूँ लेकिन अधिक सक्रियता के साथ नहीं
 d. सक्रियता एवं उत्तेजना में करूँ
54. शायद मैं आज रात को जागकर यही सोचता रहूँ कि जो कार्य मैंने गलत किए हैं उनका परिणाम क्या होगा।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
55. यदि अभी दूसरे व्यक्ति से मुझे बात करनी पड़े तो -
 a. यह सोच-विचार की घड़ी मेरे लिए कठिन होगी कि मैं क्या करूँ।
 b. सोच-विचार में कष्ट होगा कि मैं क्या करूँ।
 c. क्या कहना है इसे सोचने में कोई कष्ट नहीं होगा।
 d. समय की मर्यादा की तुलना में कहीं अधिक कहने की बात रहेगी।
56. इस क्षण मेरे मस्तिष्क में विचार आसानी से आ जाते हैं।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
57. मुझे बेचैनी इस बात की है कि मैं कुछ चाहता हूँ परन्तु यह नहीं जानता कि मैं क्या चाहता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
58. मेरा सामाजिक जीवन है -
 a. बिल्कुल नहीं (अस्तित्व रहित)
 b. कुछ धीमा
 c. अधिक सक्रिय
 d. अत्यधिक सक्रिय एवं तीव्र
59. वर्तमान मनः स्थिति में किसी उपयोगी कार्य को मस्तिष्क में रखने में तकलीफ होती है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
60. आज जब मैं कुछ कहना चाहता हूँ तो अपने विचारों को संगठित करने में कठिनाई महसूस करता हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
61. अभी कुछ तत्परतायुक्त लघु अभ्यास करेगा।
 a. वास्तविक शक्ति प्रदान
 b. थोड़ा शक्ति प्रदान
 c. थोड़ा ध्यान प्रदान
 d. धकावट प्रदान
62. अभी मैं अपने वास्तविक व्यवहार से सन्तुष्ट हूँ।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
63. यदि अभी सांस्कृतिक कार्यक्रम चल रहा हो तो मुझे शायद पीछे बैठकर लोगों को देखना अच्छा लगेगा।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य
64. आज सुबह की अपेक्षा मेरा दिनांक इस समय अधिक सक्रिय है।
 a. अत्यधिक सत्य
 b. प्रायः सत्य
 c. प्रायः असत्य
 d. अत्यधिक असत्य

65. अभी मैं बहुत आराम महसूस कर रहा हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
66. वर्तमान मनः स्थिति में, मैं खेल का आनन्द तभी ले सकता हूँ जब मैं जीत जाऊँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
67. अभी मैं यह महसूस करता हूँ कि जीवन का प्रत्येक कार्य जैसे मैं करना चाहूँगा वैसे ही होगा।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
68. यदि मैं अभी पूर्ण शारीरिक कार्य करने का प्रयत्न करूँ तो मेरा सिर चकराने लगेगा और बेहोशी महसूस होगी।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
69. इस क्षण कार्य करने की इच्छा मेरे सामान्य स्तर के समतुल्य है।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
70. इस समय मैं उन बुरी बातों को सोचकर दुःखी हो रहा हूँ जो मैंने की हैं, और जैसे उनके बोझ से दबा सा जा रहा हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
71. यदि मुझे विशाल भ्रोता समूह में मध्य में बोलने के लिए अभी बुला लिया जाए तो मैं -
a. बहुत शिथिल हो जाऊँगा और आत्म-विश्वास खो दूँगा।
b. थोड़ा शिथिल हो जाऊँगा।
c. अधिक शान्त और आत्म-विश्वास के साथ बोलूँगा।
d. अत्यधिक शान्त एवं आत्म-विश्वास के साथ रहूँगा।
72. आज मेरे विचार धीरे-धीरे आ रहे हैं।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
73. मैं अच्छे एवं सुखद मूड में हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
74. आज मुझसे काफी अपेक्षाएँ की गई हैं।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
75. आज मुझे जो भी करना है मैं सोचता हूँ कि मैं इसे सदैव की अपेक्षाकृत अधिक अच्छा करूँगा।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
76. मैं चाहता हूँ कि मेरा जीवन इतना अधिक कठिन और प्रतिबन्धित न हो जितना कि अभी है।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
77. मैं महसूस करता हूँ जैसे कि मैं धकान से पीड़ित तथा शक्तिहीन हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
78. मैं अभी स्वयं से पूर्णतः सन्तुष्ट हूँ।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य
79. हमेशा की अपेक्षा आज मैं जानता हूँ कि अधिकतर लोग मुझे इस तरह से मूल्योक्ति करते हैं कि मैं हूँ।
a. अत्यधिक शान्त
b. थोड़ा अधिक शान्त
c. थोड़ा अधिक जीवन्त
d. अत्यधिक जीवन्त
80. आज समय बहुत धीरे-धीरे व्यतीत होता प्रतीत हो रहा है।
a. अत्यधिक सत्य
b. प्रायः सत्य
c. प्रायः असत्य
d. अत्यधिक असत्य

81. मैं अपने को असहमत, थका हुआ तथा बिड़बिड़ा महसूस कर रहा हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

82. अभी ऐसा प्रतीत होता है कि मैं स्तर का कार्य कर रहा हूँ।

- a. उच्च
- b. औसत
- c. औसत से नीचे
- d. अत्यधिक निम्न

83. मैं इतना शक्तिहीन महसूस कर रहा हूँ कि मुझे आश्चर्य होता है कि मैं कैसे पूरा दिन बिताऊँगा।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

84. मैं महसूस करता हूँ कि मैं किसी भी आकस्मिक परिस्थिति के लिए तैयार हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

85. अभी मुझमें किसी अच्छे दूरस्थल पर जाने हेतु पर्याप्त शक्ति है।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

86. मैं महसूस करता हूँ कि जब मैं आज रात सोने के लिए जाऊँगा तो मुझे कोई परेशानी नहीं होगी।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

87. अभी मैं अपने शारीरिक आकर्षण से पूर्णतः स्तुब्ध हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

88. इस समय मैं जैसा महसूस कर रहा हूँ उस आधार पर प्रायः सभी वस्तुओं में आनन्द प्राप्त कर सकता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

89. इस क्षण मैं बहुत अधिक चिन्तित हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

90. आज मैं महसूस करता हूँ।

- a. बिलकुल क्रोध नहीं
- b. मामूली क्रोध
- c. कुछ-कुछ क्रोध
- d. अत्यधिक क्रोध

91. मैं प्रसन्नचित मुद्रा में हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

92. अभी मेरे लिए किसी को वर्तमान स्वप्न के बारे में ठीक से बतलाना कठिन होता है।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

93. शारीरिक रूप से मैं महसूस करता हूँ -

- a. पूर्णतः थका हुआ
- b. थका हुआ
- c. शक्तियुक्त
- d. पूर्णतः शक्तियुक्त

94. इस क्षण जो कुछ भी हुआ उस से मैं सन्तुष्ट हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

95. आज जब मैं बातें करता हूँ तो दूसरों को भी अपने उत्साह में सम्मिलित कर सकता हूँ।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

96. ऐसा प्रतीत हो रहा है कि बहुत कुछ एक साथ हो रहा है।

- a. अत्यधिक सत्य
- b. प्रायः सत्य
- c. प्रायः असत्य
- d. अत्यधिक असत्य

कोड नं.

गोपनीय

क्रम संख्या

वृद्धावस्था अभिवृत्ति मापनी**ATTITUDE TOWARDS AGEING SCALE**

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निर्देश :

आपके समक्ष वृद्धावस्था से सम्बन्धित कुछ कथन दिये गये हैं। प्रत्येक कथन के पाँच विकल्प दिये गये हैं पूर्णतः सहमत, सहमत, अनिश्चित, असहमत पूर्णतः असहमत। जिस विकल्प को आप सही मानते हैं उस विकल्प पर (✓)सही का चिह्न लगा दीजिये। इनमें से कोई भी उत्तर सही या गलत नहीं है। मापनी का उद्देश्य केवल आपकी प्रतिक्रियाओं को जानना है।

आपके विचारों को पूर्णतः गुप्त रखा जायेगा। बिना किसी संकोच के उत्तर दीजिये।

आयु लिंग जाति

शैक्षिक योग्यता..... व्यवसाय.....

परिवार संयुक्त / एकाकी..... शहरी / ग्रामीण.....



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	पूर्णतः सहमत	सहमत	अनिश्चित	असहमत	पूर्णतः असहमत
1. खुश रहने और जीवन रस की आखिरी बूँद तक पीते रहने की चाह अब बुजुर्गों में काफी बढ़ गई है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. बुढ़ापे को खुशहाल बनाने के लिए पैसे की जरूरत नहीं, बल्कि एक सकारात्मक सोच जरूरी है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. वृद्धावस्था में यह सोच लेना आवश्यक है कि हम अपने ढंग से जिएंगे और बच्चों की निजी जिन्दगी और निर्णयों में दखल नहीं देंगे।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. अब चारपाई पर बैठकर खाँसते और हुक्का/बीड़ी पीने वाले बुजुर्गों का जमाना चला गया।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. जो बुजुर्ग दकियानूसी हैं तथा आर्थिक रूप से सबल नहीं हैं, ज्यादातर उन्हीं की दुर्दशा होती है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.* काँपते हाथों को यह अहसास है कि अब उन्हें अपनी बाकी जिन्दगी के दिन एक निर्जीव छड़ी के सहारे बिताने हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. वृद्ध माँ-बाप तो वह वट वृक्ष हैं जिनकी छाया में परिवार को सुख, समृद्धि व शान्ति प्राप्त होती है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. यदि माँ-बाप समय के साथ कमजोर हो गये हैं, तब भी उनका अनुभव, उनका प्यार और उनका आशीर्वाद बच्चों के लिए हमेशा हितकर होता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.* हमारे समाज में वृद्ध परिवार के लिए बोझ माने जाते हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. वृद्धावस्था में बच्चे अपने माता-पिता के प्रति सम्मान कर तथा उनसे प्यार के दो बोल कहकर अपनी कृतज्ञता व्यक्त कर सकते हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. वृद्धावस्था में अस्वस्थता तो बनी रहती है, इसमें परेशान होने की आवश्यकता नहीं है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. वृद्धावस्था के ढलते सूरज को बच्चों का प्यार व सम्मानजनक व्यवहार चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	पूर्णतः सहमत	सहमत	अनिश्चित	असहमत	पूर्णतः असहमत
13.* परिवार के लिए वे बुजुर्ग गौण हो जाते हैं जिन्होंने उनको पढ़ाया लिखाया और योग्य बनाया।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. बुजुर्ग माँ-बाप यदि अपने बच्चों की जिन्दगी का पहला कदम रखने में सहायक होते हैं, तब बच्चों को भी उनके आखिरी कदम में सहयोग देना चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. समय बीतने के साथ वृद्धावस्था का आगमन होता है, उसे भी सहर्ष स्वीकार करना चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. झुके हुए कंधे जिन पर बैठकर बच्चों ने जीवन के मेले देखे, उन्हें भी अब बच्चों के सहारे की जरूरत है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.* अच्छी शिक्षा और संस्कार के बावजूद उनके बच्चों ने वृद्धों को वह सम्मान नहीं दिया जो वह अपने माता-पिता को देते आये थे।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. वृद्धावस्था में भी जीवन के प्रति दिलचस्पी बनाये रखनी आवश्यक है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. वृद्धावस्था की सफलता इसमें है कि आप स्वयं और दूसरे भी आपकी जरूरत महसूस करते रहें।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. उम्र के इस दौर पर अपनी जिन्दगी खुशहाल बनाये रखनी आवश्यक है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. एक वृद्ध व्यक्ति द्वारा पुराने अनुभवों के आधार पर अच्छी प्रकार सोच समझ कर निर्णय लिया जा सकता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.* वृद्धावस्था का अर्थ बीमार व असहाय जीवन है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. वृद्धावस्था में मन शान्त व आनन्दित बना रहे इसका ध्यान रखना चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. दूसरों का दुख अपना मानते हुए बेसहारा वृद्ध लोगों की मदद करनी चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	पूर्ण सहमत	सहमत	अनिश्चित	असहमत	पूर्ण असहमत
25. वृद्धावस्था में कभी-कभी हास्य विनोद की बातें करके हँसने हँसाने का प्रयास करना चाहिये।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. चिन्ता व तनाव से दूर एक खुशहाल जीवन गुजारने का निरन्तर प्रयास करना उचित है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. वृद्ध लोगों को यह अनुभव नहीं होना चाहिये कि उन्हें तिरस्कृत किया जा रहा है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. वृद्धावस्था में आहार व व्यवहार को नियन्त्रित रख लम्बी आयु प्राप्त करना सम्भव है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. वृद्धावस्था में प्रातः सैर करने और व्यायाम के लिये समय देना उचित है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. वास्तव में वही परिवार प्रसन्न है, जिस परिवार में वृद्ध प्रसन्न हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.* बुढ़ापा एक लाइलाज बीमारी है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. यह सत्य कथन है कि जो वृद्ध हँसना नहीं जानता वह मूर्ख है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. वृद्धावस्था को जीना अपने आप में एक साहसिक कार्य है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. वृद्धावस्था मस्तक की अपेक्षा मस्तिष्क में अधिक झुर्रियाँ (Wrinkles) डाल देती है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. वृद्ध व्यक्ति श्रेष्ठ मदिरा की भाँति मधुर एवं परिपक्व होता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

कोड नं.

गोपनीय

क्रम संख्या

COPING STYLES SCALE

by :

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&

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READER

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निर्देश :

आपके दैनिक व्यवहार व परिस्थितियों से सम्बन्धित कुछ कथन दिये गये हैं। प्रत्येक कथन के पाँच विकल्प दिये गये हैं— अत्यधिक सहमत, सहमत, अनिश्चित, असहमत व अत्यधिक असहमत। जिस विकल्प को आप सही मानते हैं उस पर सही का चिह्न (✓) लगा दें। इनमें से कोई भी उत्तर सही या गलत नहीं है। मापनी का उद्देश्य केवल आपकी प्रतिक्रियाओं को जानना है।

आपके उत्तरों को पूर्णतया गुप्त रखा जायेगा। बिना संकोच के उत्तर दीजिये।



NEW PATEL NAGAR, (NEAR THADESHWARI MANDIR) ORAI-285001 (JALAUN) U.P.

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	अत्यधिक सहमत	सहमत	अनिश्चित	असहमत	अत्यधिक असहमत
1. परिवार के मतभेदों को दूर करने का निरन्तर प्रयास किया जाता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. परिवार में आपसी मनमुटाव शीघ्र निपटा लिये जाते हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. परिपक्व व्यक्ति होने के नाते मैं अपने संवेगों को प्रकट होने से रोकता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. मैं कठिन परिस्थितियों में भी सरलता से निर्णय लेने की योग्यता रखता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. मैं हमेशा समस्याओं से जूझने के लिये तत्पर रहता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.* पारिवारिक झगड़ों के कारण मन होता है कि कहीं दूर चला जाऊँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.* मैं परिवार में झगड़े के डर से अपनी बात खुलकर नहीं कह पाता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.* मैं अपनी आलोचना से दुःखी होकर चुपचाप बैठ जाता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. मैं अपने अधिकारों के लिये लड़ता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. चाहे जो स्थिति हो मैं शान्त रहता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.* विषम परिस्थितियों का सामना करने की अपेक्षा उनसे बचने का प्रयास करता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	पूर्णतः सहमत	सहमत	अनिश्चित	असहमत	पूर्णतः असहमत
12. विरोधी जैसा व्यवहार करे वैसा व्यवहार करना आवश्यक होता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.* मैं कठिनाइयों से जूझने की अपेक्षा भाग जाना पसन्द करता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.* मुझे आत्म-हत्या या मृत्यु से सम्बन्धित विचार आते हैं।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. मैं अपने पर हो रहे अन्याय को कतई बर्दाश्त नहीं कर सकता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.* मुझे जल्दी ही गुस्सा आ जाता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. चिन्ता की विषम स्थिति में ईश्वर का ध्यान करता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.* जरा-सी परेशानी सामने आने पर रोना आ जाता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. जटिल समस्याओं को सुलझाना और उनका समाधान खोजना अच्छा लगता है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. अधिकांश समय परिस्थितियों के अनुरूप व्यवहार करता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. विभिन्न समस्याओं का समाधान भक्तिभाव से ईश्वर की उपासना करना है।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. सामाजिक कल्याण के कार्यक्रमों में सक्रिय भाग लेता हूँ।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendices

Male Elders

S. No.	Copping Style	Attitude Towards Ageing	Eight State									Adjustment						
			a	b	c	d	e	f	g	h	Total	a	b	c	d	e	f	Total
1	71	147	20	21	15	20	19	18	17	15	145	22	21	16	14	14	8	95
2	80	150	22	20	19	18	13	16	18	19	144	20	16	12	14	12	11	85
3	77	175	16	11	17	11	25	21	13	23	137	16	19	19	15	16	7	92
4	18	149	15	18	19	16	12	19	17	19	135	6	13	14	12	7	8	60
5	82	121	19	15	20	17	17	17	16	17	138	11	12	5	10	10	8	56
6	76	134	17	18	20	20	11	18	15	18	137	16	14	14	12	7	6	69
7	94	162	13	14	18	16	14	16	19	18	128	25	23	19	15	20	10	112
8	95	151	12	15	18	12	15	12	21	19	124	22	20	18	15	15	11	101
9	81	147	13	21	12	18	12	7	15	19	117	22	21	13	17	16	10	99
10	92	125	11	14	18	23	20	20	17	19	142	12	16	9	8	6	6	57
11	91	151	13	11	18	13	7	13	7	21	119	23	24	20	15	19	10	111
12	73	112	24	19	19	22	25	17	18	21	165	10	11	10	7	9	8	55
13	92	165	11	17	14	13	7	8	24	20	114	20	22	20	14	14	13	103
14	62	132	17	18	17	18	21	16	17	14	138	17	15	14	9	8	8	61
15	87	136	13	18	15	16	16	15	19	17	129	15	18	18	16	13	8	88
16	85	118	14	14	12	15	16	9	15	18	113	19	16	10	11	12	8	76
17	86	177	14	16	15	16	12	16	18	17	124	21	22	20	15	17	14	109
18	98	152	7	13	14	8	11	13	23	16	105	17	10	15	13	7	12	74
19	87	146	14	7	13	15	14	13	20	18	114	19	20	14	14	17	9	93
20	81	144	19	17	20	14	16	15	12	18	131	20	19	16	7	11	10	83
21	80	166	13	14	17	14	12	7	18	19	114	21	19	19	14	16	8	97
22	80	131	20	17	14	21	17	17	16	12	134	19	13	17	13	11	10	83
23	84	112	11	13	15	20	12	14	18	19	121	10	6	7	7	8	5	43

24	78	129	17	18	23	20	18	7	15	9	127	19	20	15	11	14	7	86
25	94	123	16	13	18	17	14	16	17	17	125	15	10	12	8	6	8	59
26	93	126	18	20	21	16	13	13	16	17	134	15	16	11	10	9	9	70
27	92	113	6	13	14	10	10	13	14	9	89	11	15	9	9	8	2	54
28	99	123	18	19	19	14	17	18	20	13	138	15	11	13	9	13	13	74
29	94	173	9	15	15	8	10	13	9	9	88	20	15	18	16	19	11	109
30	90	141	17	18	22	13	20	19	20	17	146	12	13	11	10	13	10	69
31	92	123	19	16	18	19	13	13	17	16	131	12	10	14	7	13	7	63
32	92	132	16	20	17	18	18	18	16	17	140	13	17	12	9	14	5	70
33	94	112	18	16	20	18	16	19	14	21	142	15	15	11	7	9	7	64
34	94	114	16	17	16	21	15	20	20	17	142	12	14	12	10	10	7	65
35	94	122	13	18	12	7	12	11	8	11	62	12	9	10	8	12	8	59
36	87	112	12	17	15	13	14	14	18	18	121	10	13	11	8	9	10	61
37	92	141	10	10	12	10	10	8	16	13	89	9	7	11	9	10	6	52
38	97	115	20	20	19	14	21	17	17	19	147	14	13	5	5	7	6	50
39	96	116	21	14	18	27	19	18	18	13	148	10	12	13	8	9	7	59
40	92	111	22	15	15	18	16	19	22	13	140	10	12	13	8	9	7	59
41	91	113	14	30	16	20	17	24	16	15	152	10	12	13	10	8	8	61
42	95	114	15	15	19	21	18	15	21	18	142	9	13	7	9	7	6	51
43	95	114	18	19	18	17	18	17	18	17	144	13	10	10	6	11	4	54
44	92	117	18	18	19	17	21	17	19	19	148	10	8	11	8	11	4	53
45	90	135	19	21	18	18	19	17	18	18	148	8	13	5	10	14	7	57
46	88	132	19	15	19	18	20	21	12	20	144	15	17	12	10	8	6	68
47	90	113	11	21	17	22	17	19	19	15	141	8	10	7	5	10	8	48
48	86	111	19	20	19	20	21	24	17	18	158	12	8	9	4	6	7	46
49	98	114	16	22	8	25	17	11	12	22	133	10	14	7	7	5	6	49

50	87	135	21	14	21	21	17	26	21	16	157	13	13	12	13	11	8	70
51	93	140	17	14	16	21	20	22	16	18	144	24	10	12	11	19	9	85
52	77	128	18	19	19	19	14	17	17	20	143	15	23	17	10	7	6	78
53	83	113	12	14	24	12	15	19	18	24	138	10	15	18	11	9	7	70
54	79	130	21	18	16	18	19	17	14	20	143	6	20	13	14	6	8	67
55	79	143	14	15	15	21	13	8	19	16	121	15	19	5	13	15	6	73
56	80	143	20	18	18	21	18	15	18	18	146	19	22	13	13	11	10	88
57	86	145	15	8	21	22	13	18	18	10	125	21	13	18	8	13	7	80
58	97	123	8	14	14	15	17	8	16	20	112	14	11	11	10	6	7	59
59	85	112	15	17	15	15	15	16	19	13	125	18	12	15	6	13	6	70
60	84	117	15	15	17	16	12	14	17	20	126	9	18	11	12	7	4	61
61	86	135	14	19	13	9	13	14	19	19	120	18	15	14	13	10	9	79
62	61	145	18	20	16	17	17	17	13	19	137	20	20	6	7	15	7	75
63	91	147	12	18	18	16	17	10	21	17	129	19	9	16	13	10	9	76
64	72	146	25	20	15	17	22	16	23	18	156	18	19	18	12	16	8	91
65	90	128	14	12	20	19	8	17	18	19	127	16	6	15	14	7	11	69
66	91	164	14	15	19	14	26	9	16	18	131	20	12	13	10	16	13	84
67	80	146	13	22	19	23	8	18	20	15	138	18	18	14	17	11	7	85
68	94	150	14	16	13	14	21	14	18	21	131	14	19	19	8	12	8	80
69	93	114	14	15	19	24	13	21	25	22	153	16	20	9	13	7	7	72
70	75	145	18	19	19	19	16	8	19	24	142	21	9	17	7	13	12	79
71	81	139	20	16	21	13	15	12	22	20	139	10	21	13	14	8	7	73
72	80	148	16	19	21	17	12	17	16	18	136	22	15	19	7	18	9	90
73	76	113	17	12	20	21	18	19	16	20	143	11	17	9	16	6	5	64
74	79	176	23	21	18	18	13	18	22	24	157	21	14	19	14	15	9	92
75	70	155	21	22	20	17	26	20	20	20	166	20	21	8	14	14	10	87

76	69	124	22	15	14	18	12	11	15	18	125	17	19	15	13	9	6	79
77	78	141	24	23	18	20	25	16	16	17	159	13	9	6	14	6	7	55
78	75	146	18	22	17	11	13	18	18	19	136	20	21	13	10	12	6	82
79	79	147	17	13	22	17	19	17	13	23	141	18	14	10	9	5	9	65
80	60	138	21	20	14	20	15	19	18	19	146	14	17	14	10	12	5	72
81	74	113	18	17	13	19	18	21	17	15	138	5	11	10	13	10	7	56
82	92	140	19	20	16	21	12	16	17	17	138	9	10	17	13	14	6	69
83	93	121	13	15	19	14	17	18	15	9	120	14	12	12	15	5	5	63
84	79	145	22	19	12	14	12	16	18	19	132	23	21	5	7	8	8	72
85	90	163	15	16	13	15	16	7	16	12	110	19	18	12	13	6	9	77
86	89	165	21	19	15	8	14	14	18	19	128	20	19	17	7	18	7	89
87	71	145	16	9	11	16	11	17	12	18	110	10	14	16	12	13	4	69
88	90	146	9	15	14	15	12	7	20	18	110	21	22	11	8	14	8	84
89	60	111	16	18	16	16	16	15	23	16	136	9	9	8	16	5	6	53
90	85	166	16	16	13	18	16	13	17	17	126	20	20	18	9	17	11	95
91	83	134	15	20	18	13	21	13	15	18	133	15	13	8	13	7	6	62
92	84	137	19	21	17	22	7	16	19	17	138	13	16	18	11	12	7	77
93	96	125	13	19	17	14	24	9	17	14	127	17	14	12	12	6	6	67
94	85	155	26	21	11	23	8	15	24	20	148	19	20	16	7	11	12	85
95	79	142	15	14	17	18	20	16	18	21	139	15	8	8	12	10	10	63
96	78	142	15	16	17	12	12	8	21	23	124	17	19	18	10	15	7	87
97	78	129	14	23	19	18	15	17	15	19	140	18	18	13	12	6	8	75
98	82	143	15	17	20	18	14	13	15	19	131	19	17	12	11	15	6	80
99	76	112	15	16	18	20	11	20	21	18	139	8	11	14	6	9	8	56
100	92	139	19	20	16	19	17	7	19	17	134	17	18	17	9	14	4	79
101	93	121	22	15	22	17	18	20	18	19	151	9	12	10	7	8	9	55

102	77	128	17	23	15	11	11	19	21	12	129	11	9	11	8	11	7	57
103	83	146	20	21	20	22	14	14	10	18	139	11	13	13	9	9	6	61
104	79	130	12	22	22	26	18	20	21	20	163	14	14	10	7	8	6	59
105	79	143	20	16	9	21	18	14	15	18	131	12	16	17	8	13	4	70
106	80	113	20	21	20	23	22	19	17	16	158	11	9	12	6	12	6	56
107	86	123	19	19	18	19	18	14	22	18	147	11	12	8	9	12	9	61
108	97	151	19	19	20	19	21	14	12	17	141	19	14	10	15	18	10	86
109	85	138	16	16	19	18	20	27	18	18	152	14	10	11	8	12	12	67
110	84	117	15	31	20	17	22	13	20	10	148	10	14	6	8	7	2	47
111	86	135	23	21	19	22	19	25	13	14	156	14	15	8	9	8	8	62
112	61	112	22	14	20	21	19	20	19	10	145	12	12	6	12	10	7	59
113	91	124	21	20	17	19	18	22	20	18	155	9	13	11	6	5	5	49
114	72	115	11	16	16	28	17	20	19	17	144	11	8	5	3	6	6	39
115	90	111	13	19	19	15	20	18	22	23	149	7	10	10	4	9	7	47
116	91	124	14	17	20	11	22	16	17	19	136	14	16	9	9	8	5	61
117	80	121	17	21	11	14	11	25	23	16	138	7	12	6	10	13	6	54
118	94	123	19	17	14	8	15	20	19	21	133	9	8	12	7	10	4	50
119	93	122	17	18	13	22	13	19	18	19	139	12	10	12	5	11	4	54
120	75	114	20	19	17	19	16	18	17	20	146	8	12	13	8	7	5	53
121	81	121	18	18	21	19	17	9	19	20	141	9	11	5	9	8	7	49
122	80	123	10	11	18	20	19	15	9	19	121	9	13	10	8	9	6	55
123	76	116	19	21	19	14	14	3	21	16	127	10	9	1	8	9	6	53
124	79	123	7	15	23	9	9	21	15	14	113	13	14	10	5	6	5	53
125	70	125	19	16	16	15	14	20	17	14	131	5	15	12	8	9	6	58
126	92	139	20	17	20	10	17	13	8	16	121	18	9	10	14	6	9	66
127	85	134	8	16	13	16	10	19	20	18	120	10	7	12	9	8	11	57

128	60	112	20	22	18	10	13	13	14	9	119	11	12	10	6	7	2	48
129	90	115	11	12	20	13	10	18	16	13	113	11	14	9	8	9	8	59
130	71	127	19	19	7	7	17	13	17	9	108	13	13	11	7	8	5	57
131	89	127	21	16	18	21	17	13	20	17	143	10	10	9	8	7	4	48
132	90	125	18	24	16	18	21	26	9	16	148	11	13	10	7	8	5	54
133	79	124	23	22	18	18	17	12	20	22	152	8	12	9	6	5	5	45
134	93	116	18	23	17	19	20	24	14	18	153	7	9	5	7	7	6	41
135	92	140	21	17	18	13	19	19	16	15	138	12	16	12	4	8	7	59
136	74	132	13	21	17	8	21	21	21	19	141	9	13	11	7	9	8	57
137	80	138	21	20	18	14	18	19	11	18	139	8	12	11	8	8	5	52
138	79	121	21	20	18	14	18	17	17	19	144	9	8	6	9	5	4	41
139	75	136	20	17	15	27	17	18	19	18	151	7	11	8	7	7	5	45
140	78	132	20	32	14	18	16	15	12	15	142	11	14	9	4	10	5	53
141	69	124	17	22	17	20	19	24	18	13	150	8	13	5	6	8	6	47
142	83	116	16	15	18	21	21	19	19	13	142	7	8	11	9	4	4	43
143	84	137	24	21	11	17	10	18	18	19	138	13	12	6	8	3	3	45
144	96	112	13	17	14	17	14	17	21	13	136	7	10	8	4	6	3	38
145	85	144	22	20	11	18	12	8	16	18	125	12	11	11	3	11	5	53
146	79	121	12	18	15	19	15	14	22	11	126	8	9	10	6	8	4	45
147	78	132	14	22	19	22	16	11	18	17	139	11	7	8	11	7	6	50
148	78	129	15	18	16	21	18	20	17	21	146	13	11	12	9	7	5	57
149	82	143	18	19	17	25	13	14	16	17	139	9	15	16	8	14	4	66
150	76	127	20	20	21	20	20	16	18	16	151	14	9	9	8	8	6	54

Female Elders

S. No.	Copping Style	Attitude Towards Ageing	Eight State									Adjustment						
			a	b	c	d	e	f	g	h	Total	a	b	c	d	e	f	Total
1	89	165	10	17	16	13	7	7	22	20	112	20	22	20	14	14	13	103
2	66	131	18	14	19	14	10	9	17	16	117	13	13	11	14	7	5	63
3	87	136	15	18	17	15	19	16	19	16	135	15	18	18	16	12	8	87
4	87	145	10	13	10	16	11	8	23	16	107	22	23	18	11	19	11	104
5	74	146	19	16	14	22	17	14	19	18	139	18	19	16	14	12	9	88
6	82	131	18	16	18	16	18	16	18	17	137	20	20	17	10	17	5	89
7	76	134	25	23	27	26	25	19	21	14	180	22	12	15	10	10	7	76
8	73	165	15	12	19	18	13	14	19	18	128	20	20	17	14	12	7	90
9	83	145	22	20	22	19	20	18	19	19	159	22	20	19	12	18	12	103
10	81	135	13	13	18	14	18	11	19	20	126	21	17	18	12	12	7	87
11	71	140	14	14	16	15	19	11	19	16	124	22	22	19	14	19	12	108
12	83	156	18	19	20	18	23	18	16	18	150	20	22	19	14	16	10	101
13	79	140	16	15	19	18	21	15	16	16	136	18	20	14	13	9	10	84
14	93	143	20	13	24	21	23	17	15	13	146	15	15	15	12	11	13	81
15	84	139	19	14	20	22	18	11	12	17	133	15	19	12	12	14	10	82
16	98	146	19	20	25	25	15	22	21	18	165	21	20	16	16	15	11	99
17	91	146	21	12	25	20	15	18	17	15	143	19	22	16	15	15	11	98
18	87	135	22	18	20	20	16	15	16	12	139	20	21	15	16	13	9	94
19	85	165	23	19	16	19	17	21	15	17	147	21	21	17	16	15	11	101
20	89	136	16	15	13	21	25	21	14	18	143	16	20	16	11	10	9	82
21	99	140	21	18	17	19	15	14	16	24	144	19	21	15	16	13	9	93
22	89	167	10	14	15	12	12	9	15	14	101	16	20	17	14	19	12	98
23	90	123	9	14	12	17	8	10	21	20	121	11	11	12	5	13	16	58

24	93	123	16	21	14	16	19	18	18	18	140	15	9	10	8	9	7	58
25	92	113	19	18	16	18	18	18	18	18	143	15	14	5	10	9	5	58
26	93	121	5	14	15	12	11	8	20	15	100	6	11	12	7	9	5	50
27	89	134	18	16	19	19	17	22	15	18	144	19	20	17	12	11	10	89
28	90	112	18	29	19	20	20	17	18	25	166	7	14	7	9	7	7	51
29	99	123	18	18	14	18	15	15	14	12	124	7	11	9	7	7	7	48
30	99	132	4	14	15	12	13	8	21	15	102	12	12	13	8	6	6	57
31	88	136	18	18	18	19	18	18	18	18	145	13	14	3	4	6	13	53
32	89	136	4	15	21	8	9	10	13	12	92	11	17	9	5	9	6	57
33	91	137	19	13	21	21	25	18	17	21	155	10	12	10	8	8	5	53
34	91	126	18	20	18	17	18	17	18	16	142	10	10	5	4	8	5	42
35	93	123	19	14	20	14	19	12	14	17	129	9	10	8	4	7	11	49
36	96	143	5	10	15	15	11	7	12	13	88	9	16	8	6	11	7	57
37	86	146	13	18	21	13	14	17	20	14	130	12	12	11	11	13	10	69
38	95	123	19	13	16	16	15	22	15	18	134	8	13	9	13	8	4	55
39	93	148	20	20	12	17	13	20	16	21	139	11	15	15	7	3	11	62
40	97	140	4	14	15	12	11	8	18	15	97	10	15	15	9	10	8	67
41	92	148	7	9	9	10	9	10	2	8	64	19	14	17	15	15	12	102
42	90	166	9	9	10	10	10	9	2	5	64	20	25	17	15	17	12	106
43	88	115	9	8	17	17	13	12	9	12	97	14	11	14	4	12	4	59
44	90	134	13	16	17	15	11	14	20	16	122	10	12	13	8	8	7	58
45	86	125	11	14	14	15	10	10	22	13	109	10	13	12	8	9	7	59
46	89	136	18	18	20	14	25	22	11	16	144	16	20	16	11	11	9	83
47	88	165	14	21	24	18	15	20	21	23	156	22	21	16	16	14	11	100
48	74	154	12	14	18	14	16	14	17	15	120	21	21	18	15	15	11	101
49	106	123	7	11	13	11	11	12	9	3	77	11	16	10	9	11	4	61

50	88	143	18	15	18	18	16	16	17	16	134	12	10	10	11	10	7	60
51	91	134	9	13	18	13	12	8	21	19	113	21	18	18	11	8	6	82
52	92	142	17	9	16	20	18	10	16	15	121	19	21	20	9	9	8	86
53	89	144	14	12	14	19	17	19	18	17	130	21	21	20	6	12	17	97
54	88	132	9	19	17	12	12	19	17	17	122	19	13	20	15	18	13	98
55	89	139	18	12	19	15	17	11	17	19	128	17	21	19	17	12	10	96
56	88	135	17	14	15	19	16	10	22	13	126	21	20	15	12	9	10	87
57	84	138	24	27	18	15	26	15	14	23	162	14	24	16	17	14	12	97
58	86	134	14	16	22	16	12	22	15	17	134	12	19	13	17	12	10	83
59	90	154	21	12	18	16	11	22	13	16	129	19	14	17	16	14	12	92
60	97	145	12	16	21	18	14	16	14	11	122	14	23	17	17	14	12	97
61	83	138	13	13	19	11	11	19	15	14	115	14	15	16	13	13	11	82
62	92	142	17	11	12	11	10	23	16	17	117	10	10	18	13	10	14	75
63	78	139	15	16	16	13	12	12	20	16	120	15	12	17	14	8	11	77
64	82	143	19	12	20	18	14	18	11	12	124	18	21	16	15	15	11	96
65	70	139	18	8	29	17	16	16	14	15	133	15	22	18	15	18	13	101
66	80	123	18	16	21	14	15	19	15	17	135	20	21	13	13	11	7	85
67	82	137	20	11	24	16	12	12	15	15	125	19	22	11	13	17	13	95
68	72	130	18	18	19	13	20	12	18	19	137	18	22	6	15	11	8	80
69	75	133	15	12	18	18	19	19	18	18	137	20	23	21	11	9	8	92
70	81	130	8	7	22	22	26	15	19	17	136	14	21	12	10	16	6	79
71	73	145	9	7	21	9	10	20	18	13	107	14	20	19	15	11	10	89
72	86	144	20	6	26	20	19	17	20	16	144	17	16	18	12	18	12	93
73	86	135	15	14	22	13	14	15	17	17	127	19	21	17	17	11	9	94
74	65	130	22	12	27	19	16	9	18	15	138	21	23	18	15	6	6	89
75	88	141	21	16	25	21	21	17	22	15	158	20	18	16	14	13	14	95

76	88	143	20	14	17	17	10	6	23	21	128	14	17	16	15	12	4	78
77	67	132	21	10	15	10	16	8	16	17	113	20	22	19	16	9	6	92
78	88	137	14	13	13	13	15	17	19	17	121	16	22	18	18	7	15	96
79	88	146	19	20	16	17	10	17	19	19	137	18	17	19	13	14	11	92
80	75	147	8	17	18	11	17	9	22	18	120	21	21	20	16	17	8	103
81	83	132	7	13	14	18	14	8	16	21	111	19	22	13	10	10	8	82
82	77	135	14	15	17	19	24	13	17	15	134	21	24	22	11	16	10	104
83	74	132	17	7	21	17	9	20	15	25	131	19	23	6	16	10	12	86
84	84	139	19	8	26	11	10	20	16	19	129	21	23	12	14	9	10	89
85	82	125	17	8	26	18	12	14	17	18	130	19	22	14	13	15	11	94
86	72	141	17	13	21	7	9	17	18	13	115	16	23	19	16	10	9	93
87	84	145	18	19	25	20	8	21	22	16	149	13	22	17	15	17	12	96
88	80	141	14	12	20	16	10	10	13	19	114	13	14	18	14	10	9	78
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91	99	147	11	13	19	12	13	17	17	17	119	18	24	18	18	8	5	91
92	92	143	20	17	23	15	10	10	20	19	134	19	15	18	17	9	11	89
93	88	136	13	12	20	16	18	10	20	17	126	14	20	14	18	12	6	84
94	86	139	23	14	28	11	17	17	19	21	150	17	25	17	13	17	6	95
95	90	137	16	17	19	9	4	3	20	20	138	14	21	16	18	11	4	84
96	100	141	17	13	15	9	8	18	22	19	121	10	22	20	16	8	8	84
97	90	134	8	17	11	16	17	15	19	15	118	14	14	21	7	13	10	79
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102	105	123	17	17	14	15	11	21	14	17	126	10	17	12	10	10	5	64
103	73	154	6	20	19	19	20	15	17	24	140	12	22	19	16	14	12	95
104	87	135	11	13	25	17	19	11	16	15	127	11	22	17	17	13	12	92
105	88	135	13	13	21	18	20	13	8	4	110	7	21	17	12	10	10	77
106	85	141	17	17	15	13	9	19	16	14	120	6	14	13	9	8	8	58
107	89	130	10	14	18	20	13	21	20	22	138	18	13	14	8	7	8	68
108	87	122	12	18	18	22	16	9	10	15	120	6	12	15	5	11	5	54
109	89	142	8	17	11	20	26	13	21	12	128	11	26	18	16	16	13	100
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112	92	147	3	13	13	26	16	9	3	4	87	21	16	15	8	4	12	76
113	94	143	19	12	17	23	16	7	2	7	103	15	14	10	14	7	5	65
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124	88	133	16	13	20	17	18	14	20	14	132	9	21	18	13	10	11	82
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126	89	123	16	16	17	17	17	9	21	16	129	10	16	18	17	7	6	74
127	107	123	15	19	21	15	18	23	16	19	146	6	27	15	6	9	3	66

128	75	109	16	12	20	16	7	17	19	17	124	17	13	14	9	6	10	69
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130	90	137	16	16	15	18	14	15	10	16	120	6	22	17	13	6	8	72
131	87	143	5	13	20	20	24	21	18	24	145	10	23	18	18	5	6	80
132	91	121	17	17	26	18	6	23	22	17	146	11	22	20	16	7	6	82
133	89	125	16	16	22	19	9	11	12	14	119	9	18	13	11	6	3	60
134	91	144	17	10	16	19	18	15	23	17	135	8	11	10	13	6	11	59
135	93	149	5	19	19	24	10	13	21	13	124	10	17	13	9	5	11	65
136	98	141	11	12	19	21	16	10	10	6	105	9	16	18	14	11	7	75
137	94	149	17	11	12	22	17	11	3	9	102	7	14	8	11	12	10	62
138	96	122	18	13	11	17	24	9	5	16	113	10	13	10	9	7	3	52
139	87	147	4	17	17	17	12	21	19	22	129	6	18	14	10	4	9	61
140	97	122	5	12	14	14	19	23	17	19	123	9	12	4	6	8	6	45
141	94	140	7	11	18	13	17	18	16	15	115	8	13	10	7	13	10	61
142	92	139	7	18	23	18	18	8	21	14	127	17	22	11	10	15	4	79
143	92	138	11	10	17	17	22	13	13	18	121	18	16	6	5	10	4	59
144	90	137	9	21	22	25	20	18	15	19	149	12	13	8	6	11	5	55
145	89	137	16	14	20	15	22	19	19	22	147	8	14	9	8	7	12	58
146	100	141	12	14	23	21	17	11	18	13	129	9	16	12	13	8	5	63
147	100	137	10	11	23	15	14	19	14	19	125	14	19	10	15	9	6	72
148	91	137	5	16	20	14	14	9	19	16	113	20	14	15	9	12	6	76
149	90	135	16	12	17	13	15	16	22	13	124	19	12	16	11	13	9	80
150	94	141	6	15	16	12	16	18	15	26	114	10	11	18	16	10	4	69

Male Senior Elders

S. No.	Copping Style	Attitude Towards Ageing	Eight State									Adjustment						
			a	b	c	d	e	f	g	h	Total	a	b	c	d	e	f	Total
1	86	154	18	14	15	16	17	13	19	19	131	24	20	18	13	18	13	106
2	92	165	13	11	14	13	10	7	20	21	109	23	23	19	15	21	11	112
3	84	140	18	18	20	22	24	16	14	17	149	17	21	12	15	10	9	84
4	73	96	19	15	18	19	17	17	13	19	137	12	15	16	11	9	6	69
5	66	138	16	17	15	18	17	18	21	24	116	15	15	8	12	13	11	74
6	87	138	15	13	14	13	16	12	20	19	122	24	21	21	6	16	18	106
7	88	135	20	19	19	24	27	16	11	18	154	20	19	14	13	13	7	86
8	82	136	8	14	13	12	9	8	18	20	102	23	18	19	10	16	11	97
9	88	137	10	13	15	18	15	6	15	20	112	21	24	16	12	14	11	98
10	84	139	13	17	16	12	15	12	22	16	123	22	16	14	15	18	11	96
11	84	143	20	18	20	15	16	17	14	18	138	15	15	10	12	12	10	74
12	70	147	14	13	11	14	9	13	16	21	111	21	21	19	14	19	11	105
13	78	120	20	15	22	21	28	16	13	19	154	11	15	9	12	11	7	65
14	82	142	18	13	21	17	22	16	20	19	146	20	18	14	15	14	8	87
15	79	130	16	14	16	22	20	14	15	16	133	17	20	11	12	15	8	83
16	86	136	22	18	23	24	22	16	13	15	153	21	12	17	13	18	13	94
17	68	104	18	17	25	16	26	22	12	16	152	16	10	7	12	14	7	66
18	87	133	14	11	17	12	17	12	20	16	119	16	14	13	11	12	10	76
19	89	143	18	20	19	18	16	18	19	19	147	9	5	7	5	11	5	42
20	88	134	13	13	16	17	16	15	16	18	126	9	13	7	11	10	9	59
21	89	136	16	18	19	18	20	18	19	18	146	12	12	9	5	12	9	59
22	81	132	13	17	17	18	14	15	22	17	133	12	12	10	7	13	8	62
23	86	147	13	15	14	17	13	14	20	17	123	13	16	10	7	11	6	63

24	84	112	12	15	15	15	9	9	21	16	112	10	12	13	8	9	7	59
25	76	123	24	23	19	19	25	22	22	19	173	9	11	10	13	7	6	56
26	92	153	14	13	16	13	11	11	16	16	110	8	11	6	10	10	8	53
27	91	143	12	18	18	14	14	11	20	18	125	20	23	16	16	15	11	101
28	93	135	21	17	19	20	15	17	18	22	149	9	13	11	8	11	6	58
29	89	138	6	11	16	14	9	4	20	15	95	14	8	12	9	7	6	56
30	82	141	13	14	15	14	10	9	21	21	117	11	12	6	8	5	10	52
31	76	158	11	12	14	21	15	13	16	18	120	18	21	20	15	13	10	97
32	94	148	11	13	12	12	12	8	24	20	112	19	20	17	12	11	10	89
33	86	135	18	14	10	19	11	13	14	20	119	19	21	13	16	14	9	92
34	95	123	12	16	16	14	12	16	16	21	123	15	10	12	5	7	7	56
35	81	125	15	14	20	18	12	11	15	17	122	9	13	6	4	6	6	44
36	82	126	19	14	20	19	16	19	16	15	138	11	13	11	7	8	8	58
37	79	118	16	20	18	18	19	17	18	16	142	9	15	8	9	8	9	58
38	75	126	19	13	16	18	21	20	16	20	143	12	19	10	12	9	9	71
39	72	132	19	12	12	12	10	9	21	19	104	22	17	14	17	11	9	90
40	100	158	12	13	14	12	10	9	22	18	110	19	20	17	12	11	10	89
41	98	156	9	13	14	11	14	8	19	18	106	20	18	12	14	12	10	86
42	87	155	20	13	15	18	21	20	21	16	144	21	20	16	15	14	11	97
43	66	111	17	20	19	20	15	20	18	16	149	15	15	13	8	11	5	67
44	95	121	10	17	15	16	14	9	19	19	119	12	17	10	6	8	3	56
45	104	148	10	14	14	14	14	9	15	20	111	19	20	17	12	11	10	89
46	86	139	17	13	15	14	14	14	22	17	126	22	25	18	15	17	11	108
47	82	137	18	21	18	16	15	21	22	17	148	9	13	11	2	12	5	52
48	91	151	20	19	20	16	17	20	17	22	151	12	17	11	8	10	7	65
49	94	127	19	15	16	20	14	18	18	15	135	9	11	14	7	10	6	57

50	92	144	19	22	21	23	17	15	19	18	154	19	22	16	15	15	11	98
51	77	135	16	12	18	17	15	5	12	19	114	10	17	11	14	8	7	67
52	85	132	19	16	13	11	16	7	21	20	121	11	25	13	9	10	8	76
53	87	148	18	14	14	23	14	15	22	15	135	14	19	11	8	12	7	71
54	82	133	14	17	17	12	8	11	14	25	118	13	20	11	8	14	9	75
55	90	137	19	10	19	17	26	17	15	20	143	13	22	10	6	13	10	74
56	89	135	25	13	13	18	15	16	21	18	139	10	16	8	12	11	10	67
57	90	132	13	22	14	21	16	15	20	22	143	10	16	8	6	12	6	58
58	88	134	14	14	18	12	16	6	23	20	123	17	22	14	12	13	11	89
59	69	105	14	14	14	15	23	12	22	20	134	17	24	8	13	15	8	85
60	87	154	19	16	13	18	9	21	21	17	134	22	21	18	14	19	14	108
61	80	131	14	17	16	14	16	8	23	18	126	18	12	12	16	16	9	83
62	83	143	19	17	18	16	24	13	20	17	144	21	13	15	16	13	9	87
63	79	121	15	12	15	17	8	14	17	19	117	12	17	10	12	12	8	71
64	71	148	19	17	18	17	12	17	20	18	138	22	13	20	13	20	12	100
65	85	144	23	10	16	16	13	14	21	20	133	16	13	11	7	13	11	71
66	85	140	17	16	24	17	17	17	13	17	138	23	14	15	14	19	12	97
67	89	138	19	17	22	11	15	11	14	16	125	22	6	17	11	15	11	82
68	83	137	21	13	15	15	17	21	16	15	133	24	15	20	13	17	12	101
69	89	136	15	12	20	23	16	15	21	17	139	21	11	15	16	14	8	85
70	88	139	21	14	21	21	25	13	14	20	149	25	13	22	13	17	19	109
71	67	139	14	12	10	16	21	15	17	20	125	16	21	9	15	14	12	87
72	74	97	11	17	19	20	19	15	15	22	138	13	19	17	13	10	7	79
73	85	141	9	16	15	13	21	12	23	19	128	18	16	13	16	22	10	95
74	93	149	21	12	14	14	27	16	16	17	137	24	22	20	13	19	12	110
75	87	127	16	13	12	12	8	11	19	21	112	21	16	19	12	16	14	98

76	85	125	20	16	11	13	7	10	20	25	122	22	21	9	14	17	12	95
77	91	1147	15	15	13	11	14	15	13	15	111	19	12	12	11	20	7	81
78	83	139	16	13	14	13	13	7	22	20	118	23	13	9	13	11	11	80
79	72	95	19	13	18	12	13	5	17	19	116	18	17	9	14	8	11	77
80	65	137	18	21	9	19	7	10	24	22	130	18	13	8	9	12	10	70
81	86	122	13	12	20	15	25	15	16	18	134	11	13	6	8	6	8	52
82	87	134	18	9	17	20	14	12	18	20	128	11	15	6	7	8	9	56
83	81	135	8	16	12	16	15	15	15	22	119	14	7	12	8	10	8	59
84	87	136	10	13	13	10	15	14	22	20	117	14	15	6	6	12	15	68
85	83	138	13	15	16	22	22	13	17	21	139	15	12	16	12	11	13	79
86	83	142	20	11	18	11	7	14	15	18	114	12	13	10	12	9	11	67
87	69	146	14	12	12	16	26	20	14	16	130	11	21	13	13	10	8	76
88	77	119	20	11	13	17	20	10	22	17	130	22	19	8	16	11	13	89
89	81	141	24	15	17	20	18	16	21	18	149	25	16	18	13	13	20	105
90	78	129	12	16	13	11	20	14	18	20	124	19	23	10	15	17	9	93
91	85	135	13	11	12	14	24	17	21	18	130	14	16	13	13	14	13	83
92	67	103	13	13	15	17	15	14	24	19	130	17	17	15	16	11	12	88
93	86	132	18	11	17	13	16	17	22	17	131	26	25	18	13	10	13	105
94	88	142	13	12	14	15	14	14	23	18	123	22	19	13	11	18	12	95
95	87	133	18	16	17	16	16	13	24	17	137	25	20	20	14	11	13	103
96	88	135	14	15	15	16	12	8	21	20	121	23	22	9	7	17	9	87
97	80	131	18	9	23	15	11	20	22	21	139	24	16	15	13	13	10	91
98	85	146	22	16	21	16	7	11	16	22	131	17	17	11	12	15	10	82
99	83	130	16	11	14	10	23	6	15	18	113	23	22	18	16	12	15	106
100	75	133	18	16	19	14	15	14	23	20	139	13	24	17	14	5	9	82
101	93	145	13	15	9	18	15	8	15	21	114	16	23	17	16	14	12	98

102	95	128	19	13	11	11	18	4	25	20	121	20	12	15	8	6	7	68
103	92	152	12	12	13	20	20	16	17	19	129	20	18	12	9	8	8	75
104	83	138	12	11	14	13	9	10	22	21	112	19	14	12	3	12	6	66
105	87	140	14	13	15	13	10	11	21	16	113	12	26	19	16	16	12	101
106	105	149	7	10	18	19	13	18	19	23	127	15	21	18	13	11	11	89
107	96	134	22	16	17	13	14	17	21	19	139	10	18	11	7	12	4	62
108	67	112	13	17	12	12	8	19	17	17	115	21	16	14	9	15	6	81
109	88	127	15	12	20	22	9	20	20	19	137	9	21	17	16	8	12	83
110	99	155	20	21	15	19	14	14	19	16	138	20	19	13	15	7	11	85
111	101	159	20	14	19	15	11	9	18	23	129	10	21	18	13	9	11	82
112	73	133	21	18	17	15	10	9	23	18	131	13	18	15	18	9	10	83
113	76	127	19	20	14	13	11	19	23	18	137	10	20	11	13	10	10	74
114	80	119	18	12	13	13	11	20	16	21	124	23	16	9	10	12	9	79
115	83	127	18	13	14	15	15	8	20	21	124	20	20	12	8	12	8	80
116	82	121	11	16	18	19	18	9	19	20	130	13	16	7	5	13	7	61
117	96	154	10	19	14	17	20	9	22	17	128	16	14	13	6	15	8	72
118	87	136	18	12	13	10	9	19	20	17	101	22	14	14	17	12	10	89
119	95	149	21	12	13	11	9	16	23	19	124	21	11	18	13	9	11	83
120	77	159	10	11	12	11	13	19	21	18	115	20	22	21	16	12	11	102
121	83	142	13	12	15	17	20	11	17	20	125	23	21	7	9	18	10	88
122	90	139	20	19	17	17	14	16	19	21	143	13	22	13	10	13	7	78
123	94	136	20	13	19	18	13	13	17	17	130	10	14	12	9	11	7	63
124	92	144	17	15	19	17	13	8	16	16	121	12	9	17	17	11	12	78
125	93	154	20	13	15	15	16	13	17	18	125	10	14	7	11	16	9	67
126	91	143	18	12	16	12	14	8	18	23	121	14	15	5	11	14	13	72
127	93	126	11	14	13	16	15	9	21	16	115	11	9	15	17	9	7	68

128	90	123	11	12	12	17	12	14	20	21	119	21	14	10	9	9	5	68
129	81	136	13	18	13	16	12	19	19	18	128	10	22	11	10	11	12	76
130	85	138	6	11	17	17	13	18	24	21	127	22	11	15	9	16	13	86
131	103	147	21	10	13	10	19	16	16	22	127	11	14	13	16	10	7	71
132	94	150	12	11	12	19	12	17	26	19	128	16	14	10	13	7	9	69
133	65	110	14	11	12	12	8	10	17	17	101	13	16	10	16	10	8	73
134	86	125	19	18	10	12	8	11	22	18	118	20	21	17	8	13	13	92
135	97	155	19	15	14	18	19	15	23	21	144	21	18	16	9	11	10	85
136	99	157	20	12	16	12	17	5	20	20	122	21	22	9	3	10	13	78
137	71	131	18	11	18	11	14	8	22	18	120	17	20	12	16	10	8	83
138	74	125	17	19	18	21	10	12	18	19	134	11	21	15	13	8	8	76
139	78	117	10	17	14	18	10	8	17	17	111	13	16	11	7	7	11	65
140	81	125	10	13	8	14	9	12	18	18	102	11	18	16	9	7	12	73
141	80	147	17	20	11	14	10	15	20	20	127	14	22	13	16	5	12	82
142	94	152	20	11	12	12	13	10	18	21	117	24	26	9	15	6	11	91
143	85	134	9	16	13	12	8	18	23	22	121	21	14	7	13	13	9	77
144	93	147	12	15	14	14	7	15	24	18	119	22	18	10	18	10	8	86
145	75	157	19	9	14	18	13	18	21	19	131	23	12	5	14	12	9	75
146	81	140	19	12	17	16	12	9	23	24	132	17	23	11	11	5	10	77
147	88	137	16	10	16	9	9	9	20	17	106	14	14	12	9	6	11	66
148	92	134	19	11	11	10	8	8	21	20	108	21	9	16	6	10	11	73
149	90	142	15	12	19	10	19	14	17	18	124	24	14	19	7	14	12	90
150	91	152	12	14	14	16	17	19	24	17	133	11	22	7	18	9	14	81

Female Senior Elders

S. No.	Copping Style	Attitude Towards Ageing	Eight State									Adjustment						
			a	b	c	d	e	f	g	h	Total	a	b	c	d	e	f	Total
1	85	144	16	17	20	13	23	16	11	20	136	10	13	11	13	7	9	63
2	73	152	17	17	19	20	13	21	19	19	145	14	20	14	3	9	10	70
3	86	120	18	14	15	9	18	10	13	19	116	21	23	15	15	18	8	100
4	88	143	9	14	11	9	9	4	19	16	91	23	22	21	14	18	13	111
5	72	124	16	15	19	18	23	15	17	18	141	22	19	14	13	17	8	93
6	81	141	6	12	6	6	4	11	19	14	78	23	23	16	14	18	11	105
7	76	137	19	13	21	16	19	18	19	19	144	19	18	13	15	12	8	85
8	82	132	21	17	18	14	14	16	17	12	129	19	20	14	14	17	9	93
9	98	112	17	18	19	16	17	20	19	18	144	13	10	7	6	5	10	51
10	101	137	19	17	20	21	17	15	15	14	138	12	12	7	9	8	5	53
11	100	137	15	18	19	16	19	13	19	22	141	12	13	11	12	9	7	64
12	90	136	9	12	16	12	8	5	10	12	84	10	9	8	11	8	6	52
13	90	132	7	12	17	16	9	10	21	15	107	10	12	13	8	9	7	59
14	92	128	16	20	13	19	22	20	17	19	146	14	9	11	7	8	5	54
15	102	123	13	16	14	19	13	13	20	22	130	10	16	10	8	12	6	62
16	90	141	9	7	10	6	9	9	8	6	64	19	25	18	17	19	11	109
17	92	148	6	8	12	15	11	7	5	6	70	15	14	10	8	8	10	65
18	101	147	13	10	9	9	9	10	12	3	75	12	8	7	8	14	6	55
19	99	143	7	6	7	7	9	4	9	7	56	20	25	18	16	19	11	109
20	85	141	19	15	20	20	16	25	15	18	148	12	17	12	7	13	8	71
21	93	145	7	8	11	7	6	7	8	5	59	20	25	18	16	19	11	109
22	100	150	3	7	15	10	10	9	8	2	64	14	16	11	6	7	9	63
23	91	187	4	8	9	8	6	5	4	2	46	12	10	10	7	11	10	60

24	94	143	19	19	20	12	18	24	12	12	136	13	13	10	5	13	10	64
25	93	144	11	11	14	9	12	9	14	12	92	10	16	14	8	14	8	70
26	89	121	17	18	18	19	16	16	17	24	148	8	14	11	8	9	7	50
27	93	137	12	16	13	14	11	14	8	8	96	19	20	17	12	11	10	89
28	89	136	8	12	14	10	15	12	11	9	91	19	20	16	12	12	10	89
29	92	134	23	15	20	23	17	14	27	12	151	13	10	14	5	11	5	58
30	92	155	8	11	10	7	5	7	6	2	56	19	24	17	13	15	12	100
31	88	140	7	13	14	13	11	9	8	11	86	19	23	17	15	15	11	100
32	83	165	8	9	10	10	10	9	2	3	61	20	26	17	15	17	12	107
33	98	140	6	14	13	14	11	12	9	10	89	24	19	16	15	15	12	101
34	93	142	11	13	16	12	11	10	10	9	92	13	8	14	15	13	6	59
35	91	145	8	9	13	8	10	5	9	8	70	15	10	12	5	12	4	58
36	88	136	10	13	11	9	15	10	9	9	86	19	21	17	12	11	10	90
37	94	141	20	17	14	19	16	21	13	22	142	13	11	13	4	12	3	56
38	86	138	10	13	12	13	14	12	12	8	94	19	20	17	12	11	10	89
39	91	112	22	19	22	16	22	23	16	12	152	11	12	7	8	9	6	53
40	86	112	18	18	17	16	18	18	19	18	142	15	12	9	6	9	7	58
41	92	134	18	12	19	20	13	22	17	13	134	6	11	16	9	10	5	57
42	77	133	23	20	22	19	22	23	23	17	169	19	14	13	13	8	9	76
43	90	14	6	12	6	6	4	11	19	14	78	23	23	16	14	18	11	105
44	101	132	13	10	9	9	9	10	12	3	75	12	8	7	8	14	6	55
45	85	141	19	15	20	20	16	25	15	18	148	12	17	12	7	13	8	71
46	100	150	3	7	15	10	10	9	8	2	64	14	16	11	6	7	9	63
47	94	143	19	19	20	12	18	24	12	12	136	13	13	10	5	13	10	64
48	91	124	17	17	20	16	17	20	19	18	144	13	10	7	6	5	10	51
49	34	142	11	13	16	12	11	10	10	9	92	13	8	14	15	13	6	59

50	92	144	11	11	14	9	12	9	14	12	92	10	16	14	8	14	8	70
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52	74	153	18	16	17	15	13	19	14	14	126	14	9	8	6	14	11	62
53	87	121	6	17	20	13	18	15	18	11	118	13	19	8	8	12	10	70
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56	82	142	17	11	10	17	8	14	18	17	112	13	18	17	8	14	9	79
57	77	138	16	14	14	8	17	4	16	11	100	21	21	15	17	20	12	106
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59	99	143	10	14	19	19	22	20	12	13	129	15	19	16	8	9	11	78
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